

Smart-Ass Women: The Rhetoric and Culture of an Online ADHD Support Group

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Introduction

Since it was created, Facebook has been praised, disapproved, used, and researched in the name of communication and discourse (Soukup, 2018; Vitak, 2013; Porten-Chee, 2020; Ledbetter, 2011; Seo, 2016; Liu, 2016). Facebook started as a website for college students to connect through and has since grown into the worldwide platform we know today. With further development of Facebook came memes and instant messaging and eventually, groups and pages where communities can flourish. The most recent marketing from Facebook has been focused on groups; there is a place for everyone no matter how unique the topic. A recent promotion from Facebook calls for users to, “take on anything with Facebook groups” (Facebook, 2021). These groups can be open to anyone, but more specialized groups often require some questions to be answered before admittance to the community, questions like “Have you or are trying to

be diagnosed with xxx?”, “Do you like plants?”, “Do you juggle?”, and “Do you believe in xxx religion?” The entrance questions will always depend upon the community.

While Facebook is a breeding ground for communications studies, the development of specialized groups is an area with little research done. Because this is an area lacking information, there has not been substantial research on women-only disability communities. While searching for articles to support my research questions, I found little on women-only discourse communities and only one regarding women, discourse analysis, and learning disabilities. Unfortunately, I did not have the resources to access this article.

Wright and Bell (2003) conducted a study on how health-related support groups on the internet can affect social support and communication. This study looks into the Weak Ties Network theory that acquaintances can be more influential than close friends (Wigmore, 2017). Although large-scale communities are filled with acquaintances, you rarely become close friends with every participant. Supportive communities for health can positively reduce stress, leading to an effect on physical health. Removing face-to-face contact, Weak Ties are more beneficial because social standing or other factors are not noticed. Instead, people can focus on bonding over what they are in the community for. Before their time, Wright and Bell studied disability communities on the general internet when Facebook first developed. While this study is beneficial, it is now dated with further development of the internet. Later on, Shpigel and Gill (2014) looked at Facebook use by persons with disabilities. This study was a more individual look at how people with disabilities interact with friends, whom they try to connect with, and whether

or not they use Facebook more or less than individuals without disabilities. This brought insight into how the individual uses Facebook but had limited insight into groups.

Individuals use Facebook to keep in contact with their non-disabled friends more than their disabled friends but have more disabled friends than non.

Additionally, there is little research on how people in these closed communities respond to negative discourse. There can be times when people disagree in a community that is meant to be a safe space for the people and the life that comes with the disability. Online Civic Intervention (OCI) is the response to hate speech or negative discourse through counter-speech. Porten-Chee et al. (2020) pointed out that OCI is becoming more common among peers as moderators for communities are relying more on the participants to keep negative discourse out.

The purpose of this study is to explore how the audience of a women-only, attention deficit hyperactivity disorder (ADHD) Facebook group affects the rhetoric and language in everyday discourse. ADHD for Smart Ass Women is a closed online discourse community that will be the focus of this research paper. Having a community for women who have the same diagnosis is extraordinary and unique. The conversations in ADHD for Smart Ass Women range from broad or specific medications and treatment to more personal things like interpersonal relationships or organizational “hacks.” The language is specific to the lexis known by the participants, but how is the community special? This paper aims to answer these questions and fill the gaps in existing research by offering a study of a women-only support group through observations and cataloging everyday discourse within the community. There is little known about women-only

disability support groups, so there are many conversations and learning opportunities that I think are beneficial for the knowledge of specialized discourse communities.

Methodology

I chose ADHD for Smart Ass Women as my site of study because I have been a community member for several years. Being a young woman with ADHD is challenging primarily because it is hard to diagnose in women but even harder to find a friend who shares the same diagnosis. ADHD for Smart Ass Women has helped me learn more about myself and why I do certain things, why I cannot do a large majority of things without some form of hack, and many other aspects of this disorder. This community has helped me become a more highly functioning person, and I want to highlight how unique and helpful this safe space has been for me and undoubtedly hundreds of other women.

Initially, I created a lengthy and informative survey that would easily find all the answers to this research paper's original questions. However, after my survey was denied four times, due to community rules, I shifted my strategy to interviews. The moderators of the community rejected this request as well, even with the specification that no personal information would be recorded and every individual interviewed would receive an alias.

Due to these roadblocks, I am left with observations and creating a catalog. This catalog is a compilation of 100 posts and comments I read and am using for data. This catalog will be attached in the appendix. I will present my observations of the community interactions and language, the types of questions commonly asked, the negative discourse that can occur, and how the community responds to that discourse. The statements I make will be supported by a catalog of everyday speech in the community,

including general posts, comments, and memes. I feel observations and a catalog will be sufficient evidence as the catalog can serve as data for my observations and make them more objective and less biased.

For my observations, I began by collecting 100 sample posts and comments and then tallied the number of topics discussed the most in the community according to the samples. Initially, this was easy since there is a search function to put in a keyword and find any posts related to the search. However, not everyone puts a hashtag on their post, or some posts do not precisely match what you are searching for. Posts with hashtags are also archived into a “topics” page, and you can see how many posts are under a hashtag.

The most common topics discussed in my samples were advice for RSD (Rejection Sensitive Dysphoria), hyper-focusing, hacks and resources for ADHD, mental health, general ADHD ticks and advice, work advice, advice for medications, and advice for relationships in any form. Of these categories, RSD (15/100), hyper-focusing (11/100), relationships (10/100), medications (19/100), and discussion posts creating threads for resources (10/100) were seen the most. Other categories were tallied below 10, which did not supply enough information

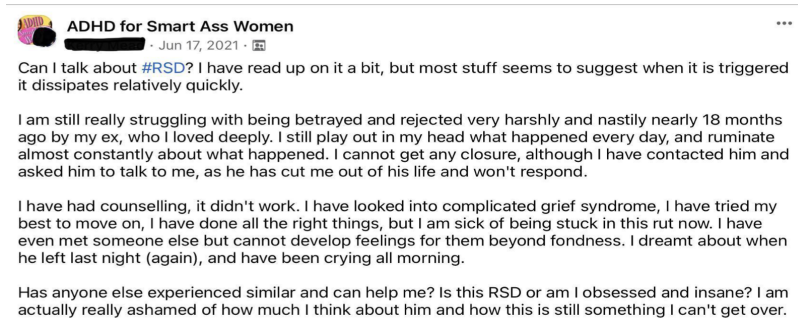
Results

Advice for Relationships & RSD

The discussions that revolve around advice for relationships often ask for peer input depending on the specific situation the original poster describes. Typical situations are how to deal with RSD (Rejection Sensitive Dysphoria) with a partner, child, friends,

and more often someone without ADHD. Rejection Sensitive Dysphoria is an extreme sensitivity to perceived or actual criticism, judgment, rejection, etc. RSD can be difficult to regulate, rationalize, and understand, hence why many people in the community reach out for guidance and advice. When asking for advice, writers open up with their topic discussion. For example, in the figure below, the author opens with “Can I talk about #RSD?” This is standard practice regardless of the topic in question. The writer then follows their question with a brief, or lengthy, description of what they are experiencing and potentially the steps they are already taking to remedy the problem on their own.

Finally, the post ends with general questions for the community in an attempt to find others experiencing similar situations.



The requests for feedback on RSD are essential because, more often than not, people feel they can only share their feelings in counseling or with a close friend. As mentioned in the introduction, the Weak Ties Network theory explains why these women seek out the guidance of acquaintances on the internet. With a common diagnosis, these women feel more comfortable talking to each other than a neurotypical friend. The common factor of ADHD fills the void of wondering whether or not someone will understand the point of the poster's question or have the empathy they seek. There can be comfort in knowing someone is experiencing a similar problem as you, and the level of comfort with disclosure is always up to the poster when seeking guidance.

Other relationship topics are sleeping in separate beds or rooms than your partner, managing time for a spouse or partner, keeping friendships, staying in good standing with siblings, relationships with children who have ADHD, advice for dealing with parents who do not agree with an ADHD diagnosis, sexual relationships, or anything in general. These topics are highly personal, but with the community's safety, all of the women open up as if we are all sisters. Additionally, the posts do not have to be as specific as the figure above. They can be as simple as the figure below. The post opens with the topic identifier, expressed as a hashtag and simply concludes with, "Any tips to lift it?" Participants do not have to expand on the issues they experience if they do not wish. Participants feel comfortable sharing anything in the community because, as Weak Ties Network theory says, people feel more comfortable sharing with acquaintances than close friends because social levels are reduced, and there is no need to worry if someone will understand. The online platform creates a larger safety net because these participants will most likely never see each other in person. The anxiety of face-to-face disclosure is also taken off their shoulders.



Resource Threads

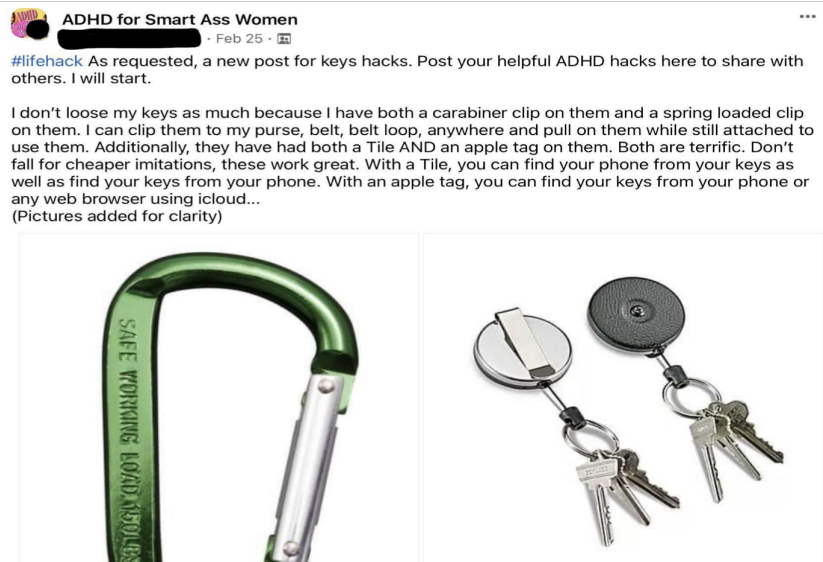
Resource threads, often identified by the phrase "life hack" or "#life hack," are the most extensive posts in the original description and the comment section and are often

the most helpful. These posts get the most comments since every individual with ADHD has some kind of hack that helps them function every day or are searching for the thing they need. The majority of the resources shared are books, podcasts, seminars, and medical journals or articles. The more specific resources can include a particular routine, a whiteboard, a specialized planner, chairs meant for hyperactive people, or, as seen below, hacks for not losing your keys. Life hack posts are a fundamental part of the community because they can be some of the most helpful posts. While others get feedback, these posts are essentially building blocks for an individual with ADHD.

The figure below follows the typical pattern of opening with the issue, or in this case, the topic “life hacks.” After the topic identifier, resource threads get a description of the specific hacks to be shared. For example, the figure below was from a compilation of

hacks for keys. Though this might not make sense to a neurotypical person, I have absolutely lost my keys in my freezer before. I do not know how or why, but it has happened to me multiple times and has happened to others in

similar situations with ADHD. Rather than just Googling this information, sifting through the useful and not useful information, and then testing it out yourself, these posts are beneficial because the information is all in one place, and individuals give testimonials for



their hacks. In addition, participants can go through the comments to see which hacks might benefit them according to lifestyle and preferences.

Advice for Medications/Doctors

The discussion posts regarding medications and doctors are very specific and personal. The original poster will often ask how people reacted to a specific medication (e.g., Adderall or Ritalin, classified as stimulants) or a different form of treatment.

Commenters will describe how they reacted to the medication in question, while others will suggest a different treatment than what the OP (original poster) has asked about. In addition to their personal reactions to the medication, the commenters share information that doctors often do not tell you before taking the substance. Commonly known side effects of stimulants are loss of appetite, dry mouth, sleeplessness, and increased blood pressure. Most people do not know that stimulants can cause dehydration, loss of libido, and irritability. These side effects are essential information shared amongst group members who would otherwise not know without trial and error.

While medications vary from person to person, sharing personal experiences with medications or uncommon treatments can benefit someone who has already cycled through two to three medications. For example, having personally experienced a medication that did not work for me, I felt trapped because I did not realize the number of other treatments out there. These medication posts help individuals find other options that they might not initially be aware of and can then discuss with their doctors.

Posts regarding medications and doctors are formatted a little differently than other posts. The topic identifier is usually at the bottom of the post, and you can see that

in the hashtags in the figure below. Writers generally get straight into the problem at hand. “Has anyone found themselves drinking alcohol a lot less or not at all after starting medications?” “If you take medication, do you take it every day? Monday-Friday?” After the question is posed, the author will go into more background information. This is almost a direct flip compared to posts for relationships and RSD.

Discussion

The private information shared in the community can be hard to express or feel comfortable sharing. However, this safe space for women with ADHD has opened a door where these women can ask questions they might not feel comfortable asking their friends or spouses. From the 100 posts I collected, the thing I noticed the most was the free language used by every individual. Participants in the community do not hold much, if anything, back when giving details about their problems or experiences. With ADHD, it is hard to have a filter when talking and especially when typing. These women might edit their writing before posting it, but to a degree, you can see they do not entirely filter themselves. You can see they might ramble a little or get a little sidetracked, but that comes with ADHD, and if you have heard someone with ADHD talk, you can understand.



Questions such as “How do I stop getting mad at my partner for not accepting my diagnosis?”, when posed to a doctor or a psychiatrist, can be hard to formulate, ask, or even think of in the moment. Asking a casual friend or acquaintance who has a similar experience for advice is more straightforward than asking a person who could have the potential to not empathize or understand in a necessary way. The casual conversations and language also help build a rapport that can be harder to build with a doctor. Additionally, not everyone can financially afford to see a doctor, counselor, or psychologist routinely. While a handful of participants in the community are licensed in such fields and give some advice, it is the common goals and atmosphere that make this community act as a support group, almost like group therapy.

Conclusion

This study set out to highlight the importance of women's only disability discourse communities and has also shown the importance of any disability community. The mass amount of resources, empathy, advice, and overall communal support creates an environment where participants can share the most intimate thoughts without the fear of judgment. The underlying importance of these communities is the free and secure space to communicate and receive feedback from peers experiencing similar circumstances. This large community of women can instantly access each other online instead of waiting for ordinary in-person meetings and can receive feedback from hundreds to thousands of participants. Moreover, people with ADHD love instant gratification, so the quick responses fuel the feeling of support while getting fast and practical guidance.

Overall, this study fills a small gap in the research of women's only disability discourse communities. This study showed the deep inner workings of communities that most people do not have access to or do not see at all. This niche can show great, up-to-date insight into the communication between individuals with disabilities in the new internet era. Further research would benefit from interviews and surveys that can highlight the thoughts of individuals within the communities and how they view the space.

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Appendix

Survey Questions

1. How long have you been a member of the community?
2. What brought you to ADHD for Smart Ass Women?
3. How do you participate in the community? How often do you visit the group's page? Ex: Twice a day, once a week, hourly, etc.
4. Do you feel this community is a safe place for you to share your experience with ADHD?
5. Do you think the posts/discussions would be different if male-identifying individuals were in the community? Please explain your thoughts.
6. Do you think posts/discussions would be different if there were no younger members in the group? Please explain your thoughts.
7. Do you think posts/discussions would be different if there were no older members in the community? Please explain your thoughts.
8. Do you think posts/discussions would be different if medical terminology was required? Please explain your thoughts.
9. How do you feel regarding negative conversations/comments when they happen in the community? Please explain your thoughts.
10. How do you respond to negative conversations/comments when they happen?
11. What do you like the most about our community?
12. What do you like the least about our community?
13. Would you have joined this community if it wasn't for women only? Please explain why.
14. Do you have any extra insight or thoughts regarding our community that you would like to share or I should mention in my paper?

Author Bio

Ashlynn Norton is currently a junior at Western Oregon University, majoring in interdisciplinary studies focusing on health, education, and behavioral sciences. Her career goal is to be a high school health teacher and teach the importance of mental health, nutrition, and proper sex ed to young adults. In addition, she enjoys educating people on ADHD and *Star Wars*, taking long walks with her dog Cooper, and spending time at the beach in her free time.