



Perceiving ADHD Across Countries: Cultural Variation in Symptom Interpretation

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Introduction

Cultural norms and beliefs shape whether ADHD-related behaviors are perceived as normal or pathological (Polanczyk et al., 2015; Smith, 2017).

Attitudes toward individuals with ADHD are often negative and stigmatizing, particularly in Western countries (Bisset et al., 2021).

Social beliefs influence whether behaviors are interpreted as symptoms of a disorder or as part of typical development. (Ahn et al., 2003; Godfrey et al., 2021).

Different cultures assign varying importance to ADHD symptoms, especially hyperactivity and inattention (Norvilitis & Fang, 2005; Chan et al., 2022).

Methods

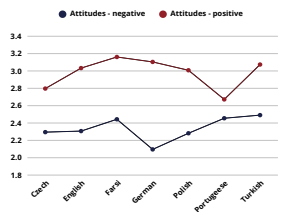
- ✓ **Participants:** 470 adults from seven countries (68.5% women), aged 18–73 (M = 35.97, SD = 13.52).
- ✓ **Design & Procedure:** An online cross-sectional survey available in Czech, English, Farsi, German, Polish, Portuguese, and Turkish.
- ✓ **Measures:**
 - Vignettes: Twelve DSM-5-based ADHD symptom vignettes, refined through expert review and a pilot study. Participants rated commonality, normality, and need for specialist consultation on 7-point scales.
 - Symptoms: Three domains assessed: hyperactivity, inattention, and emotional dysregulation.
 - Attitudes Toward ADHD: A 16-item scale adapted from Fechner et al. (2023) and supplemented with items from prior literature, rated on a 4-point agreement scale.

Result

Attitudes

Negative attitudes were highest in the Turkish (M = 2.49) and Portuguese (M = 2.46) samples and lowest in the German sample (M = 2.10).

Positive attitudes were highest in the Farsi (M = 3.16) and German (M = 3.10) samples, and lowest in the Portuguese (M = 2.67) and Czech (M = 2.80) samples.

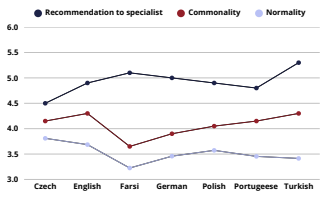


Commonality & Normality

Perceived normality of ADHD-related behaviors was highest in the Czech sample (M = 3.81) and lowest in the Farsi sample (M = 3.23).

Perceived commonality was highest in the English (M = 4.33) and Turkish (M = 4.23) samples, and lowest in the Farsi sample (M = 3.60).

Recommendations for specialist consultation were strongest in the Turkish (M = 5.40) and Portuguese (M = 5.21) samples, and weakest in the Czech sample (M = 4.47).

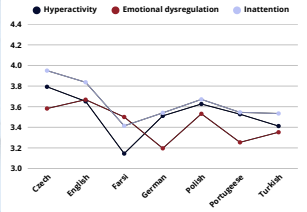


Symptom Normality

Emotional dysregulation: highest in English (M = 3.67) and Czech (M = 3.58); lowest in German (M = 3.20) and Portuguese (M = 3.25).

Hyperactivity: highest in Czech (M = 3.79) and Polish (M = 3.63); lowest in Farsi (M = 3.15).

Inattention: highest in Czech (M = 3.95) and English (M = 3.84); lowest in Farsi (M = 3.41).



Discussion

The results show clear cross-cultural differences in the perception and evaluation of ADHD-related behaviors. Positive and negative attitudes varied by country, indicating that cultural context influences both acceptance and stigma. Perceived normality, commonality, and recommendations for specialist consultation also differed, suggesting that thresholds for identifying ADHD-related difficulties are not universal.

Symptom-specific findings revealed cultural variation in how emotional dysregulation, hyperactivity, and inattention are interpreted, with consistently lower normality ratings in the Farsi sample. Overall, the results highlight that ADHD is both a clinical and socially interpreted phenomenon shaped by cultural norms and expectations.

Conclusion

This study highlights that perception of ADHD differs significantly across countries in terms of attitudes, perceived normality, and readiness to recommend specialist support. Cultural context plays a key role in how ADHD symptoms are interpreted and evaluated. These findings underline the importance of culturally sensitive psychoeducation, diagnosis, and intervention in international and clinical practice.

The authors declare no conflict of interest.