

**ADHD and Women's Self-Perception: The Impacts of Being Diagnosed in Adulthood**

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## Abstract

**Background:** Attention deficit hyperactivity disorder (ADHD) is a condition that affects all genders throughout the whole lifespan. However, females are often undiagnosed or misdiagnosed. A missed diagnosis of ADHD is associated with several negative outcomes, including low self-esteem and self-perception.

**Objective:** To explore women's experiences of being diagnosed with ADHD in adulthood, with a focus on self-perception.

**Methods:** Semi-structured interviews were conducted with 8 women aged 23 – 47 who had previously been diagnosed with ADHD in adulthood. Data obtained from interviews were analysed using the principles of thematic analysis.

**Results:** Upon data analysis, three overarching themes emerged: (i) the burden of being different; (ii) the diagnostic odyssey, composed of one subtheme, validating and accepting the diagnosis; (iii) benefits of the diagnosis, overarching the subthemes, standing up for myself, finding my tribe, being the help I wish I had, and there is still a lot of progress to be done.

**Conclusion:** Receiving an ADHD diagnosis in adulthood can increase women's self-compassion, foster a sense of capability, and somewhat improve self-perception and self-esteem.

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## **ADHD and Women's Self-Perception: The Impacts of Being Diagnosed in Adulthood**

Attention-deficit/hyperactivity disorder (ADHD) is a neurodevelopmental disorder that affects over 366 million adults worldwide (Song et al., 2021). ADHD is marked by problems with memory, concentration, attention, and behavioural inhibition (American Psychiatric Association, 2013). The disorder is linked to several negative outcomes, including substance use, risky sexual behaviours, academic and professional underachievement, and reduced life expectancy (Cattoi et al., 2021). For undiagnosed or untreated individuals, the burden of the disorders is much more severe. When compared to peers with a diagnosis, undiagnosed individuals have lower self-esteem, reduced quality of life, and more functional impairment in social, familial, and professional lives (Pawaskar et al., 2019).

### **Attention Deficit/Hyperactive Disorder**

ADHD is classified into three subtypes: predominantly hyperactive and impulsive, predominantly inattentive, and combined. It was once thought of as being a primarily childhood and adolescence disorder, affecting mainly the male population (Barkley, 2018). Such concepts have been debunked by recent advances in the field of ADHD research, showing that ADHD affects both males and females throughout the whole lifespan (Nussbaum, 2012; Owens & Hinshaw, 2016; Williamson & Johnston, 2015).

During childhood and adolescence, males are more likely to be diagnosed with ADHD than females, with a gender ratio varying from 2:1 to 10:1 (Nøvik et al., 2006; Ramtekkar et al., 2010). However, gender ratios tend to be sample-dependent, having larger male-to-female ratios seen in clinical samples vs population-based samples (Mowlem et al., 2019). Among adult clinic samples, the male-to-female ratio is lower than in childhood and teenage samples (Biederman et al., 2004). This suggests that ADHD impacts a higher proportion of girls in childhood than what is represented in clinical practice and that there

may be disparities in the diagnosis process for males and females with ADHD symptoms (Rucklidge, 2010).

### ***Gender and ADHD***

Supporting Rucklidge's (2010) findings, further research suggests differences in ADHD manifestation across gender (Williamson & Johnston, 2015). Females are much more likely to experience inattentive symptoms than males (Nussbaum, 2012; Vildalen et al., 2019). There is still a debate in the literature about whether hyperactivity and impulsivity affect gender at a different rate. Most findings suggest that boys are more hyperactive than girls (Klefsjö et al., 2021; Nussbaum, 2012). However, recent studies propose that both genders are affected by hyperactivity at a similar rate, but with discrepancies in areas affected (e.g., girls might be more talkative whereas boys might be more fidgety) (Vildalen et al., 2019). Interestingly, girls presenting externalising symptoms of hyperactivity and impulsivity are more likely to be referred to an ADHD diagnosis than boys presenting similar symptoms (Mowlem et al., 2019). Since girls present more inattentive symptoms than boys, girls are getting diagnosed at a much lower rate (Mowlem et al., 2019). This could indicate that both the clinical practice and the criteria for diagnosis may be to some extent biased towards a stereotypical male presentation of ADHD, which mostly accounts for externalising behaviours. Also, since hyperactivity goes against the collective idea of what is considered normative behaviour for females, girls will be more likely to be referred if they present those characteristics rather than if they present inattention symptoms (which are usually perceived as less serious, as it causes a much lower impact on the surrounding contexts) (Klefsjö et al., 2021; Vildalen et al., 2019; Williamson & Johnston, 2015).

Literature shows that 50% to 90% of people with ADHD will have at least one other psychiatric disorder throughout their lives (Deberdt et al., 2015; Nussbaum, 2012; Yoshimasu et al., 2018). Psychiatric disorders are frequently comorbid with ADHD at a very similar rate

for males and females, but the gender differences lay in the type of disorder (Yoshimasu et al., 2018). Males are significantly more likely to have externalising disorders, such as personality disorders and substance use whereas females are substantially more likely to have internalising disorders, such as anxiety and depression (Klein et al., 2019; Vildalen et al., 2019).

Due to those internalising comorbid disorders (and frequently inattentive type ADHD), females, from a young age, are more likely to be diagnosed with only one disorder, most frequently not ADHD (Quinn, 2008). The overlap of symptoms might make diagnosing ADHD even more difficult after a first diagnosis (Michielsen et al., 2013). When compared to boys, girls are more frequently (mis)diagnosed with depression and medicated for it, prior to the ADHD diagnosis (Klefsjö et al., 2021; Quinn & Madhoo, 2014). Even after ADHD is diagnosed, females are less likely to be treated with medication if they only present internalised symptoms. In contrast, boys may be treated with medication solely based on their ADHD diagnosis (Mowlem et al., 2019).

### **Impacts of ADHD**

ADHD has been reported to be much more than just difficulty with sustained focus, hyperactivity, and impulsive behaviours (Halleröd et al., 2015). Most adults living with ADHD have reported behaviours such as regular mood swings, hypersensitivity, anxiety and depression, limited ability to delay reward, and time perception and pragmatic language impairment (Nejati & Yazdani, 2020; Owens & Hinshaw, 2016). Yet, the Diagnostic and Statistical Manual of Mental Disorders-V (DSM-V) does not list all of these symptoms as criteria for ADHD (Hawkins et al., 2016; Nejati & Yazdani, 2020). Compared with non-ADHD peers, ADHD individuals are more prone to have a lower tolerance to frustration and daily-life stress (Gómez-Benito et al., 2019); additionally, they may experience higher levels of procrastination, difficulty with organisation, and challenges accomplishing long-term goals



(Klein et al., 2019). All of these challenges can lead to implications at work, education, peer socialisation, and family relationships, especially among those with untreated ADHD, which can come to cause further harm as this population is already at a higher risk of developing a second mental disorder (Conway, 2012; Deberdt et al., 2015).

### **Women and ADHD**

Untreated ADHD can cause further complications to females' mental health (Yoshimasu et al., 2016). Often what seems to be depression and anxiety, for example, could be the consequence of long-term demoralisation as a result of ADHD-related academic and social issues, negative feedback, and procrastination behaviours caused by the stress of failing to meet others' expectations (Chronis-Tuscano, 2022). A study conducted with 2284 adults suggests that those who had previously been diagnosed with ADHD but had not been treated were more likely to suffer from anxiety at a higher degree (44.7%) when compared to ADHD peers who were on some sort of treatment (28.1%) (Deberdt et al., 2015). Furthermore, the lack of diagnosis prevents girls from relating their atypical behaviours to a disorder, which can lead them to attribute such behaviours to personal flaws (Halleröd et al., 2015).

### **Rationale**

Research shows that individuals with an ADHD diagnosis, when compared with adults with symptoms of ADHD but undiagnosed, have better quality of life, self-esteem and higher work productivity (French et al., 2023). These findings show that naming their "atypical" behaviours and addressing it as a disorder, instead of a moral failure, can increase overall self-perception. However, adults with ADHD also often report feelings of inadequacy. Despite their efforts, some individuals report not being able to maintain a tidy home and manage their expenses as they would like to. The inability to engage in behaviours that are seen as normative

can result in lower self-worth and poor self-image even after ADHD is addressed and appropriate treatment is in place (Schrevel et al., 2015).

Within the past 20 years, research acknowledging that ADHD has differences not only in gender but also across the lifespan has emerged. Since then, a lot has been discovered about how the disorder is presented in females and the adult population. Research shows how beneficial the ADHD diagnosis can be in adulthood, even for those in their 90s (Henry & Jones, 2011). Many individuals report a great sense of “relief” following the diagnosis, helping them to make sense of their lives (Henry & Jones, 2011). However, Young et al.’s (2008) findings show that the sense of relief can be momentary, and it does not automatically mean that the way these women perceive themselves change in the long term.

As previously mentioned by Lynn (2019) and by Attoe & Climie (2023) further qualitative research exploring ADHD and women is needed, especially with a focus on adult diagnosis. Giving voice to this often neglected population may provide new insights on the experiences of receiving an ADHD diagnosis as an adult, and its impacts on women’s self-perception.

## **Methods**

### **Design**

The primary aim of the research was to explore and gain insights that could foster new perspectives and enhance understanding of the topic. Therefore, thematic analysis was the methodology chosen to carry out data analysis (Braun & Clarke, 2006). A phenomenological approach was used in the study's design, as it is well-suited for investigating the thoughts and feelings of participants (Sutton & Austin, 2015).

To collect data, the researcher conducted semi-structured, open ended interviews with participants on a one-to-one basis to allow them to freely express their personal experiences of being diagnosed with ADHD in adulthood. During the interview, questions were removed or altered depending on each interview context. An interview schedule (Appendix F) was developed with caution to avoid leading questions, thereby minimising potential bias in participants' answers.

### ***Researcher's position***

The researcher is a Latina woman from Brazil, 27 years old, who has lived in Ireland for the past 9 years. Being diagnosed with ADHD in adulthood and having several friends with the same neurodiversity, the topic was of personal significance to the researcher. Acknowledging the potential influence that the researcher's personal background and experiences can have on the research, reflexive practices were employed to critically reflect on the researcher's own biases, assumptions, and preconceptions throughout the study. This reflexive stance aimed to ensure that the research process and findings were approached with sensitivity and openness to multiple perspectives.

### **Participants**

Participants were recruited online using a combination of convenience sampling and snowball sampling methods. The researcher posted information about the nature of the study

in several ADHD support groups on Facebook and Reddit, as well as on the researcher's personal Instagram account. Social media posts consisted of a pamphlet (see Appendix A) containing general information about the study, such as eligibility criteria and the researcher's email address for further contact. Pamphlets were also distributed on the National College of Ireland (NCI) campus. The inclusion criteria for the study required participants to be women with a clinical or self-reported diagnosis of ADHD after the age of 18 years. The inclusion of women with self-reported diagnoses was motivated by the lengthy waiting period for clinical diagnoses in Ireland at the time of the study.

Initially, 20 women demonstrated interest in participating in the research; however, due to various unforeseen circumstances, such as differences in time zones and scheduling conflicts, the final sample consisted of 8 women. According to Eynon et al. (2018), eight interviews are sufficient for the data to achieve saturation (i.e., data satisfaction). The final sample encompassed a diverse range of backgrounds. One participant was Irish, one participant was Canadian living in the Netherlands, one participant was Spanish living in Ireland, one participant was from Northern Ireland, and five participants were from Brazil. All participants had received a clinical diagnosis of ADHD after the age of 18. The length of time since diagnosis ranged from 1 month to 6 years ( $M = 1$  year and 3 months). The participants ages ranged from 23 to 47 years ( $M = 33$ ). Two of the participants were close acquaintances of the researcher.

## **Materials**

The researcher's personal laptop was used to conduct all 8 interviews, which were recorded and transcribed using Microsoft Teams. Two pilot interviews were conducted as a means to ensure all interview questions were well suited for the study. They were not included in the final sample as interviewees did not fit the criteria desired for the study.

The interview schedule was structured with the aim of allowing the participants to share their personal experiences of being diagnosed with ADHD in adulthood. The interview schedule was composed of 19 questions that were developed based on existing literature. Prior to commencing the interviews, participants answered a demographic questionnaire (Appendix G).

### **Study procedure**

After expressing an interest in taking part through email, potential participants were provided with additional details through an in-depth information sheet (See Appendix B) and a consent form (See Appendix C). Further communication between the researcher and potential participants continued to take place via email. Interviews were conducted online via Microsoft Teams. During the meeting, participants were individually briefed using the information sheet and were given the opportunity to ask questions. Participants were invited to read the consent form and sign it if they agreed to participate in the study. The individual interviews began once informed consent was acquired.

During the interview, a demographic questionnaire (Appendix G) was used to assess gender, age, nationality, and age at diagnosis. Furthermore, an interview draft (Appendix F) was used to facilitate the interviews, which was composed of 19 questions that were developed based on existing literature. Interviews ranged from 29 to 75 minutes ( $M = 54$ ). After the interview was finished, participants were debriefed with a quick summary of the interview's objectives, reassurance of their rights to access and withdrawal of data, and relevant contact information for support helplines (Appendix E). All interviews were audio recorded and transcribed using Microsoft Teams. Upon transcription, all identifiable information from the participants was removed, and copies were stored on a password protected file on the researcher's HP Pavilion computer.

### ***Ethical Considerations***

This study followed the ethical guidelines of the National College of Ireland (NCI) and the Psychological Society of Ireland (PSI). Ethical approval was obtained from NCI's Ethics Committee.

Interviews only took place once participants had signed a consent sheet and the researcher had ensured that all participants fully understood what their participation in the study would involve. The researcher reassured participants of their anonymity and their rights to withdraw consent and access their data under the Freedom of Information legislation. The researcher also reinforced that a) there was a possibility of minor distress arising in participants while discussing their personal experiences; b) participants would have breaks during the interview but could have additional ones if needed; and c) participation in the study was voluntary, therefore, participants could stop the interview at any stage. Furthermore, participants were provided with contact information for relevant support helplines (Appendix D) before and after the interviews.

To protect the anonymity and confidentiality of participants, they were each assigned a codename, and all identifiable information was removed during transcription, which was stored in a password protected file on the researcher's computer. Once that step was completed, audio recordings were destroyed.

### **Data Analysis**

Data was analysed following Braun and Clarke's (2006) six steps of thematic analysis, employing an inductive approach to allow themes to emerge from the data rather than being predetermined by a pre-existing framework or theory. The first step of thematic analysis involved reading the transcribed data to ensure familiarisation with the content and to start identifying patterns across the dataset. Once patterns started to emerge, codes were generated using different colour highlighters (using the Microsoft PDF editor function), and

these were allocated into relevant clusters. From there, the refinement of clusters was done in order for potential themes to emerge; each theme reflected a significant aspect of the research topic. The themes were reviewed and further refined until a thematic map was created.

Themes were analysed and named accordingly in a way to capture their whole essence, and once that was finalised, the final analysis for the study was written up.

## **Results**

Upon data analysis, three main themes emerged from the interviews (See Table 1).

The first theme deal with women's experiences of living with undiagnosed ADHD until adulthood. The second theme focus on the process of seeking, receiving and coming to terms with the diagnosis. Finally, the third theme focus what has changed in women's lives since the diagnosis.

### **Table 1**

#### *Main Themes and Defining Subthemes.*

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#### Main Themes and Defining Subthemes

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The burden of being different

The diagnostic odyssey

Validating and accepting the diagnosis

Benefits of the diagnosis

Standing up for myself

Finding my tribe

Being the help I wish I had

There is still a lot of progress to be done

## **Theme 1: The Burden of Being Different**

The participants in this research shared their experiences of feeling misunderstood due to their differences. Because of some of their ADHD traits, participants felt as if they were different from their families and peers: “Deep down I knew there was something. I didn’t know what it was, but I had that feeling deep down that I wasn’t normal. I knew there was something” (P5). Since all the women in this research received their ADHD diagnosis in adulthood, they mentioned that this feeling accompanied them for most of their lives. One participant recalls that this feeling started at a young age:

I think that since I was a kid, I was really weird. (laughs) Compared to other kids, I would realise that I didn't think the same way and all. And like, always, I perceived myself as something's wrong with me, something's weird, you know. (P8)

They recall feeling “different,” “misunderstood,” and “broken”: “I was just like ‘what is going on with me?!’ I just felt dysfunctional” (P6). Participant 7 said: “I always felt like an E.T around other people.” Moreover, one participant shared a realisation she had during the interview: “I just realised now that I used to use the expression ‘I’m just crazy’ when people wouldn’t understand me. I really believed that I was crazy” (P8). The participant went on to say that she felt deeply misunderstood when sharing about her thought patterns with those around her, which led her to believe she had “psychopath tendencies.” She held this belief not only due to thought patterns that are typically seen as bad, such as intrusive thoughts, but also thought patterns that can be seen as beneficial, such as pattern recognition. She talked about being very good at figuring out movie plots “by the first five minutes” of watching it, which would often lead her to think: “What is going on?! Why do I think as the killer in the movie?” (P8)

The perception of being different atypical got reinforced for some participants by friends and family: “There were a lot of fights at home with my mom and dad, so I would



think that if I have issues with both of them and they are divorced, then the issue must be *me*” (P5). Participant 8 shared that during her teenage years, whenever a new person would join her friendship circle, they would tell her how different she was compared with the rest of her group: “They would tell me: ‘I really don’t understand why you go with these people. You are not like them, like you’re really different.” For other participants, however, it was clear that they were different when they realised that their peers were not struggling as much as they were:

I’ve always been like ‘How do I juggle so much?!’ Why can I not do what they are doing? You know, like, other neurotypical women just seem to have all kind of self-solved. It’s just like, they seem to be a lot more on top of their finances, more organised, tidier, more together. Whereas I, that’s why I was like ‘am I broken? Why can’t I do this stuff?’ (P6)

The inability to attribute their atypical behaviours to a disorder caused some participants to believe that those behaviours were a personality trait: “I *knew* there was something, but I didn’t know *what* it was, so I just assumed it was my personality” (P5). Furthermore, some participants believed their atypical behaviours to be a choice, and therefore, a personal flaw. Participant 2 said: “I feel like I have the power to change my behaviour. So why am I still making these mistakes?! Because I’m lazy or...”

Participants 1 and 7 talked about their frustrations when faced with something they knew they were capable of doing:

I wanted to be able to achieve what I *know* I can achieve. I don’t mean this to sound big headed or anything; But I’ve always said to myself that I know my brain is capable of more, but I could just never do it. It’s like, I know I can, but it’s just doing that it is my problem. I know I can do this, but why are you not doing it?! Like, get up and move! (P1)

Sometimes I would feel so guilty. I would think ‘Maybe I’m not trying hard enough?! Where am I failing?’ Things just wouldn’t flow, so sometimes you have that feeling that you have *so much* potential but get kind of stagnant. (P7)

Their struggle was hindered by a lack of understanding regarding their negative behaviours. For participant 2, this added to her guilt and made it even more difficult to find motivation to overcome some challenges; The weight of self-blame made it harder for her to take action: “Sometimes you don’t want to try because you just feel like, ‘how am I gonna screw up this good opportunity?’” (P2)

## **Theme 2: The Diagnostic Odyssey**

*“Before [the diagnosis], you kind of feel like impostor syndrome; Maybe I’m just self-analysing myself too much and I’m seeing things that are not there.”* (P8)

The journey towards receiving an ADHD diagnosis was a complex process for many women. Before being diagnosed, the majority of participants sought professional assistance on multiple occasions. Due to their short attention span, memory issues, and restless feelings, participants recall doing a battery of exams. Participant 3 said: “I realised I wasn’t well, so I went seeking for help. I thought I had early onset Alzheimer’s disease.” Participant 7 also shared:

I thought it was a hormonal thing, you know, because I have a diagnosis of polycystic ovaries. There is also a diabetes history in the family; my mother had Hashimoto’s disease. So, I thought it was an autoimmune issue or maybe hormonal. I got tested for everything; nothing ever came up. (P7)

Most of the participants disclosed having been diagnosed and medicated for anxiety or depression. Looking back on that first diagnosis, some women reflected: “I don’t know which one I really had [depression or ADHD], or which one came first” (P2). Participant 5

and Participant 7 both talked about how they believe that both the anxiety and depression “were caused by the ADHD.”

One participant did not undergo physical exams or clinical tests; instead, she turned to therapy. Participant 1 described her journey to figure out what was “wrong” with her as extensive. Despite doing “a lot of self-work” she could not seem to find all the answers she was looking for:

I had a lot to kind of personally deal with; like, I had kind of gone through a lot, and I could never understand (...) There was a lot of self-work that I had to do then to kind of uncover stuff, and then I had gone through all that self-work, and I was still like, There is still something... I just can't figure out what.

### ***Validating and Accepting the Diagnosis***

When sharing about their experiences receiving the diagnosis of ADHD, participants emphasised how validating the experience was for them. Many women talked about the importance of both the clinical diagnosis and the doctor's reassurance for them. Participant 3 expresses that without a clinical diagnosis, she would never truly believe she had ADHD, even though she was certain she had it: “I can think whatever I want, but at the end of the day, only a doctor will say for sure.” Another participant shared her view about self-diagnosis and how it might be prone to self-bias: “Trying to self-diagnose never really work out.” (P7)

All of the participants described the experience of receiving the diagnosis as positive. They recalled feeling “relief” at first and feeling as if “things were falling into place.” They finally had a reason for their struggles and atypical behaviours: “It just all made sense” (P1). Participant 7 recalled: “When I got it [the medical report] in my hands, it was *such* a relief. I thought: ‘now there is an explanation for everything.’ [An explanation] for so many things that happen in my life (...) Now I know why I always felt so different.” Participant 6 also shared her experience upon receiving the diagnosis:

When I first got the diagnosis like I cried (...) it was such a sense of relief at the start. Cause it was like ‘ohh’, like, you know. I went through my life thinking that there was something wrong with me, like, I couldn't focus in school, and you know, very impulsive, not really great with money, and I always thought that there was something wrong with me. So, it was kind of a relief. (P6)

However, despite their initial relief, most women mentioned that fully coming to terms with their diagnosis was a process that did not happen overnight. For some, the whole experience felt like “a rollercoaster of emotions,” and for others, it was hard to accept that some of their behaviours and actions were ADHD traits and “not just my personality.” (P4)

During the process of accepting their diagnosis, some women disclosed that receiving reassurance from their parents about the similarity of their childhood behaviours to those frequently seen in girls with ADHD was extremely validating for them, and it led them to accept the diagnosis easier: “With my mom going through the childhood questions, she was like ‘[this is] definitely like you, this was 100% you’. So, I was like ‘OK, I’ll accept the diagnosis’, no questions asked.” (P6)

Participants’ experiences accepting their diagnosis seemed to differ. One participant mentioned having difficulties separating her personality traits from the disorder’s traits, which lead her to doubt the doctor’s diagnosis from time to time:

It’s kind of funny because sometimes I ask myself: ‘Am I not just being lazy?’ or ‘Is that really because of the ADHD? Do I really have ADHD?’. Even though the doctor already diagnosed me, often times I still question if I am not just making things up just to use it as an excuse. (P5)

### **Theme 3: Benefits of the diagnosis**

Participants experienced an improvement in their self-perception after receiving the diagnosis. Understanding that their behaviours were not personality traits enabled participants

to be kinder with themselves: “I could accept myself a lot more after the diagnosis” (P1). Before the diagnosis, the pressure to be able to “do it all” caused a lot of anxiety to some women, and they were often left with the frustration of not being good enough. However, with the diagnosis, participants began to develop a greater sense of self-understanding. They then started setting realistic goals for their daily routines, which resulted in decreased frustration. Participant 3 shared:

[Before,] It was a snowball effect. I wasn't able to sleep at night because I went to bed with unwashed dishes at the sink. [The next day] I had to wake up, get my daughter ready and catch the bus on time, but I *had* to do the dishes before leaving the house. Now, I choose my priorities and I try my best to get them done. If I manage to do the rest, great! But if I can't, that's OK too.

Moreover, participants were able to recognise areas that they were struggling and link them to ADHD. This awareness enabled them to implement strategies to address those challenges, which increase their sense of “capability”: “The issue is my attention deficit, so now I know how to organise myself better” (P3). Participant 6 also shared: “I've got a little bit more self-compassion towards myself, and I can kind of recognise that there's probably just too much going on right now, [so I tell myself:] ‘Just give yourself a breather, Take 10 minutes [break].’” Furthermore, participant 7 shared how understanding and awareness increased her self-esteem:

Sometimes I would get stuck running in circles. Now I have more of an idea of the step-by-step of what I need to do, I write it down, and if it works, great! If it doesn't, I'll think of something else. So, this [awareness] even helped with my self-esteem.

Although participants still hold themselves to high standards, they seem to be a lot more understanding when they are unable to reach their goals. They acknowledge their limitations with less self-blame, and they remain determined to keep trying: “I keep pushing

myself, I try my best. I still get upset sometimes, but not like I did before. I don't just give up saying 'Ohh, I have ADHD, so I won't even try', I keep trying, but it's way less exhausting now" (P5). Other participants also shared of the same viewpoint:

Now, I think I have more compassion on myself. And it's not like. Because some people, when they hear 'compassion in yourself', they visualise the 'it's OK' and no, it's not. The 'it's OK' is more a 'well next week.... I'll try again.'" (P8)

I'm not just being like: 'ohh it's just because I have ADHD, it's fine, it's just who I am'. Yes, OK, I have ADHD, but I can do something about it, I can learn ways to deal with it. (P1)

By removing the constant self-blame, participants were able to look past their mistakes and focus on problem-solving. They shifted their perception from labelling themselves as "lazy" and "irresponsible" to acknowledging areas that required improvement and committing to working on them:

There was this big part of thinking that I'm just lazy, or that I'm just irresponsible because I don't do my assignments [or] I don't do what I said I would do. And now it's more like 'OK, you need to work more on that' That's it! (P8)

Upon receiving the diagnosis, participants also noticed a positive improvement in their interpersonal relationships. Naming the root cause of the thing that made them act differently from their peers enabled women to embrace themselves; It allowed them to feel more secure, to believe in their potential, and to demand that their voices and opinions were listened to as much as anybody else's. A few subthemes emerged from this theme: *Standing up for myself*; *Finding my tribe*; *Being the help, I wish I had*; and *There is still a lot of progress to be done*.

### *Standing up for myself*

Due to their ADHD traits, many women reported perceiving themselves as “weird” when interacting with others: “In regard to the symptoms related to ADHD, it makes me feel a bit weird in front of other people” (P5). When friends drifted away, they would blame themselves and attribute their behaviours as the cause for those friends drifting away: “I would always think that people were drifting away from me and that it was *always* my fault” (P4). Moreover, some participants struggled to fit in or to find a sense of belonging:

I’ve always struggled to fit in when I was growing up, with friend groups and stuff like that. I always felt [that] I never had somewhere that I fit in. It was always the thing where (...) I wanted a group of friends, but I just couldn't have it because there was no understanding, or nobody would hear me. (P1)

The feeling of not being understood by others can lead to a sense of inferiority, causing them to accept others’ opinions over their own. One participant recalled constantly undermining herself in group settings, believing others were more intelligent and therefore accepting their opinions without questions: “I remember in primary and secondary school, then later in college, I would always think that others were more intelligent than me. So, I would always give in and accept their opinions.” (P3)

However, following their diagnosis, participants experienced a significant shift in their perspectives. They talked about how they started to understand that being different does not necessarily mean that there is something “wrong” with them and that their opinions are just as valid as everybody else’s: “My brain works slightly differently [than others] (...) Now that I know, I make people respect me, [while] before, I was just always trying to fit in” (P3). This realisation empowered the participants to act more assertively: “I’m not weird; I just have ADHD, and when I tell them [about my diagnosis], they understand why I’m doing things the way I’m doing [them]” (P8). Furthermore, some participants no longer felt

pressure to “fit in” or be accepted by everyone around them: “I definitely used to seek external validity (...) But [now] I’m just like ‘whatever, you’re entitled to your opinion.’ Everybody has an opinion, and I don’t have to take it on.” (P1)

### ***Finding my tribe***

Improvements in friendship dynamics was reported by some women once they started to understand themselves better: “Now that I have more of an understanding of myself, I just feel like I’m drawing more towards people that get me” (P1). Participant 5 shared that after the diagnosis she started searching for new friendships with people who also have ADHD: “I joined a few groups on social media, and there I fit in! It feels great to be in a space where people get it and understand each other.” (P5)

Not all participants had the same experience as mentioned above. Participant 6 disclosed that most of her life-long friends are also neurodivergent, some already diagnosed, and some are still waiting for one. She talked about how that might have made it more difficult for her to attribute her traits to a disorder: “I think that’s probably why it was hard to recognise that there was actually something there... All the traits I was displaying was just thought as (being) the norm within my friendship circle.”

Participant 7, who also had a lot of neurodivergent friends before she was diagnosed with ADHD, talked about how the diagnosis strengthened her friendship bond, and she jokily told her friends: “I can now get a club card, just to forget where I put it.”

### ***Being the help that I wish I had.***

A lot of women recognised their own ADHD traits in people around them. They talked about how beneficial disclosing their diagnosis to these people was for them: “I think now that I have the diagnosis and, you know, there are friends that kind of suspect it, it kind of helps, because we can like discuss it and you know kind of support each other through it” (P6). Another participant mentioned how her diagnosis “encouraged other friends to search



for an assessment too” (P7). One of the participants whose daughter also has ADHD emphasised the importance of self-acceptance, so she can be a good role model for her daughter; she contrasted her experience with that of her mother, who had no understanding about ADHD, and expressed optimism that her daughter will have fewer challenges due to having a mother who comprehends and empathises with the struggles that ADHD might impose to someone’s life: “I’ve got a lot of struggles, but I’ve also got a ton of skills, and I am sure she will too [...] My mother didn’t think that way, but my daughter has a mom that understands her struggles, so I think that for her it will be easier [to accept her diagnosis]” (P3). Participant 6 who has a younger brother who also has ADHD said:

I think it was nice for my younger brother because he's never really understood what it is to have ADHD. He’s always associated it with being a bad thing. When he found out I had it he was like ‘ohh OK, you know this, this isn't so bad’ (...) So it was kind of nice for him.

***There is still a lot of progress to be done.***

Although all of the participants reported an improvement in self-perception and self-esteem, many women acknowledged that they still do have a low self-esteem: “My self-esteem was very low, now it’s getting better” (P7). Another participant talked about how she is still impacted by years of “negative self-talk”: “If you have spent all your life thinking you are crazy, it doesn’t just *go away*, you know” (P8). Furthermore, participant 5 shared: “I have a view of myself that has been hard to change. It’s kind of deep rooted in me.”

**Discussion**

The present study used a qualitative approach to explore how receiving an ADHD diagnosis in adulthood impacted women’s self-perception. After analysing the interview transcripts, three overarching themes emerged: (i) the burden of being different; (ii) the diagnostic odyssey, composed of one subtheme, validating and accepting the diagnosis; (iii)

benefits of the diagnosis, overarching the subthemes, standing up for myself, finding my tribe, being the help I wish I had, and there is still a lot of progress to be done.

Primarily, the first theme, “the burden of being different” outlines women’s experiences with their self-perception prior to receiving the diagnosis of ADHD. Most women reported feeling different from their families and peers. They expressed being aware of their differences, which included areas such as atypical thought patterns, difficulty with organisation, poor financial skills, and struggles with task execution. However, despite their awareness, they were unable to identify what caused them to be so different. This lack of understanding prevented them from seeking support or actively implementing coping strategies. In line with Schrevel et al.’s (2015) findings, participants reported a sense of powerlessness, as they felt unable to behave in the way that they would like to. Consequently, they felt frustrated and attributed their atypical behaviour to their personalities, leading to low self-esteem and diminished expectations of their capabilities (Fleischmann & Fleischmann, 2012; Schrevel et al., 2015). Furthermore, burdened by discouragement and anticipation of failure, some women became hesitant to challenge themselves with new experiences (Young et al., 2008).

The second theme, “the diagnostic odyssey” and its respective subtheme dealt with the difficulties faced by women to receive a diagnosis of ADHD and the importance of such a diagnosis. Most participants sought various healthcare services before specifically seeking an ADHD diagnosis. Some participants underwent assessments for physical conditions, including Hashimoto’s and Alzheimer’s disease. This is not an uncommon occurrence, as certain physical conditions, like the ones mentioned by participants, can cause cognitive symptoms that are similar to ADHD (Sasaki et al., 2022; Sibley, 2021). This long search for a diagnosis – often referred to as ‘diagnostic odyssey’ – can increase emotional distress in addition to the suffering from the clinical burden (Spillmann et al., 2017).

Many participants were diagnosed with and medicated for anxiety or depression at least once throughout their lives. It is unclear whether these co-occurring symptoms result from living with undiagnosed ADHD or if they represent a separate disorder (Henry & Jones, 2011). However, evidence suggests that ADHD symptoms contribute to the development of anxiety and depressive symptoms (Gair et al., 2021).

Overall, receiving a clinical diagnosis of ADHD was reported as a positive experience (Halleröd et al., 2015). The current study emphasised the importance of a clinical diagnosis. A doctor's reassurance about a participant's ADHD diagnosis played an important role for women believing and accepting that they had the condition. Nevertheless, fully accepting the diagnosis was described as a gradual and not very linear process. Some women found that having reassurance from their parents was helpful throughout this process. However, some participants shared questioning the diagnosis from time to time, even months after receiving the diagnosis. As highlighted by Halleröd et al., (2015) doubting the diagnosis can happen for many reasons, including when individuals do not respond well to treatment or do not present every stereotypical ADHD trait. Differently from Halleröd et al., (2015), the present study found that doubts about the diagnosis arose from the struggles to differentiate between their diagnosis and their personality traits. This consequently led to further self-doubt and self-blame, causing further damage to their self-esteem as they continued to label themselves as dysfunctional.

Finally, upon the third theme "benefits of the diagnosis" and its subthemes, women reflected on their self-perception prior to the diagnosis and the subsequent changes they experienced. Receiving the diagnosis of ADHD enabled women to learn more about the condition and allowed them to implement strategies that suited their needs. Importantly, they realised that ADHD is not a moral failure, which enabled them to be kinder to themselves.

With the awareness that came with the diagnosis, women reflected back on their lives, and they could start making sense of why they often felt misunderstood and inferior from others. Now they could understand that there was nothing wrong with them which alleviated their pressure to fit in and to seek constant reassurance from others. With more awareness, women shared they started being drawn to people that were mindlike, some actively engaged in searching for friends with the same condition. For those with existing friendships with ADHD-diagnosed individuals, the bonds were strengthened as they shared their life experiences through an ADHD lens. Interestingly, one woman shared that despite feeling different from her peers, some of these differences were present in her close friend's behaviours, which made it difficult for her to attribute these behaviours to a disorder. The researcher did not find any research on the impacts that having neurotypical friends can impose to diagnostic delay, however, Oliva et al. (2020) reported that parents with ADHD often lack awareness of the extent of their own dysfunctional symptoms. As a result, they tend to be very tolerant to the children's ADHD symptoms and not recognise them as signs of a disorder. Perhaps this is also the case for undiagnosed neurodivergent friendship dynamics (Kouvava et al., 2022).

Furthermore, participants shared that as they understood further about how ADHD impacted their lives, they were able to help those around them who also have ADHD. Experiences ranged from sharing a doctor's contact information to being a role model to young people, showing that ADHD does come with struggles, but also comes with many qualities.

As consistent with previous research, women reported improvements in self-esteem and self-perception following the diagnosis (Harpin et al., 2013). However, it is important to note that despite the progress, some women still struggled with self-esteem issues. Years of negative self-talk and feedback can have long-lasting impacts on self-esteem and self-

perception. These findings emphasise the need for continued research and support to address the complexities of self-perception in the context of ADHD, as well as the need for earlier detecting of ADHD in girls in order to minimise their struggles and suffering.

### **Strengths and Limitations**

The present study addressed two gaps within the literature: a) the investigation of the impact of late-diagnosed ADHD in women; and b) investigating lived experiences of ADHD using qualitative methods. Among the strengths of this study is the varied cultural background of participants. However, as per any qualitative research, findings are not intended to generalise to all women that received a later in life diagnosis.

All participants had previously received a clinical diagnosis of ADHD by a specialist in the area, however, the study lacks in depth clinical information on participants' type and severity of ADHD, and the presence of co-existing conditions. Some participants disclosed an anxiety-depression comorbidity, however, since there was no pre-established question on the topic, it is unclear whether other participants also experienced comorbidities, or if they simply did not mention them during the interviews. Another consideration is that the median time since participants had received their diagnosis was of 1 year and 3 months. This can be a strength, since participants' memories of experiences receiving the diagnosis are still recent. However, this may also indicate that they are still coming to terms with their condition.

### **Implication and Future Research**

The findings of this study highlight the importance of early detection of ADHD in women, as the lack of it seems to carry long-lasting negative outcomes. Moreover, this research emphasises the importance of healthcare professionals to be aware of ADHD presentation, especially in women. This could shorten the diagnostic odyssey and ensure that the diagnosis does not go unnoticed. Support strategies should be taken into consideration for

reducing the impacts and suffering caused by years of undiagnosed ADHD in those who receive a later in life diagnosis.

Lastly, this research demonstrated the potential values of receiving a diagnosis of ADHD in adulthood. However, further research is needed to understand the long-term outcomes that receiving an ADHD diagnosis in adulthood can have in women's self-perception. Furthermore, this research sample was composed entirely by cisgender females, therefore, further research on the topic should aim to include transgender women.

### **Conclusion**

The current study contributes to ADHD literature, focusing on women's self-perception. The research findings show that there are many benefits in receiving a diagnosis of ADHD in adulthood. The diagnosis can improve self-compassion and foster a sense of capability in women. Moreover, the diagnosis offers understanding regarding participants' behaviours, which leads to an improvement in self-perception. However, it is important to note that despite these improvements, many women continued to struggle with their self-esteem.

By shedding light on the experiences of women who received an ADHD diagnosis in adulthood, this research provides insights into the challenges they face, the benefits they gain, and the complexities of their self-perception. As well as reinforcing the importance of early detection of ADHD in girls and women.

## References

- American Psychiatric Association. (2013). *Diagnostic and Statistical Manual of Mental Disorders, 5th Edition: DSM-5* (5th ed.). American Psychiatric Publishing.
- Attoe, D. E., & Climie, E. A. (2023). Miss. Diagnosis: A systematic review of ADHD in adult women. *Journal of Attention Disorders, 27*(7), 645–657.  
<https://doi.org/10.1177/10870547231161533>
- Barkley, R. A. (2018). *Attention-deficit hyperactivity disorder: A handbook for diagnosis and treatment* (4<sup>th</sup> ed.). The Guilford Press.
- Biederman, J., Faraone, S. V., Monuteaux, M. C., Bober, M., & Cadogen, E. (2004). Gender effects on attention-deficit/hyperactivity disorder in adults, revisited. *Biological Psychiatry, 55*(7), 692–700. <https://doi.org/10.1016/j.biopsych.2003.12.003>
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*(2), 77–101. <https://doi.org/10.1191/1478088706qp063oa>
- Cattoi, B., Alpern, I., Katz, J. S., Keepnews, D. M., & Solanto, M. V. (2021). The adverse health outcomes, economic burden, and public health implications of unmanaged attention deficit hyperactivity disorder (ADHD): A call to action resulting from CHADD Summit, Washington, DC, October 17, 2019. *Journal of Attention Disorders, 108705472110367*. <https://doi.org/10.1177/10870547211036754>
- Chronis-Tuscano, A. (2022). ADHD in girls and women: A call to action – reflections on Hinshaw et al. (2021). *Journal of Child Psychology and Psychiatry, 63*(4), 497–499.  
<https://doi.org/10.1111/jcpp.13574>
- Conway, F. (2012). Psychodynamic psychotherapy of ADHD: A review of the literature. *Psychotherapy, 49*(3), 404–417. <https://doi.org/10.1037/a0027344>
- Deberdt, W., Thome, J., Lebec, J., Kraemer, S., Fregenal, I., Ramos-Quiroga, J. A., & Arif, M. (2015). Prevalence of ADHD in nonpsychotic adult psychiatric care (ADPSYC):

A multinational cross-sectional study in Europe. *BMC Psychiatry*, 15(1).

<https://doi.org/10.1186/s12888-015-0624-5>

Eynon, M. J., O'Donnell, C., & Williams, L. (2018). Gaining qualitative insight into the subjective experiences of adherers to an exercise referral scheme: A thematic analysis. *Journal of Health Psychology*, 23(11), 1476–1487.

<https://doi.org/10.1177/1359105316656233>

Fleischmann, A., & Fleischmann, R. H. (2012). Advantages of an ADHD diagnosis in adulthood. *Qualitative Health Research*, 22(11), 1486–1496.

<https://doi.org/10.1177/1049732312457468>

French, B., Daley, D., Groom, M., & Cassidy, S. (2023). Risks associated with undiagnosed ADHD and/or autism: A mixed-method systematic review. *Journal of Attention Disorders*. <https://doi.org/10.1177/10870547231176862>

Gair, S. L., Brown, H. R., Kang, S., Grabell, A. S., & Harvey, E. A. (2021). Early development of comorbidity between symptoms of ADHD and anxiety. *Research on Child and Adolescent Psychopathology*, 49(3), 311–323.

<https://doi.org/10.1007/s10802-020-00724-6>

Gómez-Benito, J., Van De Vijver, F. J. R., Balluerka, N., & Caterino, L. (2015). Cross-cultural and gender differences in ADHD among young adults. *Journal of Attention Disorders*, 23(1), 22–31. <https://doi.org/10.1177/1087054715611748>

Halleröd, S. L. H., Anckarsäter, H., Råstam, M., & Scherman, M. H. (2015). Experienced consequences of being diagnosed with ADHD as an adult – a qualitative study. *BMC Psychiatry*, 15(1). <https://doi.org/10.1186/s12888-015-0410-4>

Harpin, V., Mazzone, L., Raynaud, J., Kahle, J., & Hodgkins, P. (2013). Long-term outcomes of ADHD. *Journal of Attention Disorders*, 20(4), 295–305.

<https://doi.org/10.1177/1087054713486516>



- Hawkins, E., Gathercole, S., Astle, D., & Holmes, J. (2016). Language problems and ADHD symptoms: How specific are the links? *Brain Sciences*, *6*(4), 50.  
<https://doi.org/10.3390/brainsci6040050>
- Henry, E., & Jones, S. H. (2011). Experiences of older adult women diagnosed with attention deficit hyperactivity disorder. *Journal of Women & Aging*, *23*(3), 246–262.  
<https://doi.org/10.1080/08952841.2011.589285>
- Klefsjö, U., Kantzer, A. K., Gillberg, C., & Billstedt, E. (2020). The road to diagnosis and treatment in girls and boys with ADHD – gender differences in the diagnostic process. *Nordic Journal of Psychiatry*, *75*(4), 301–305.  
<https://doi.org/10.1080/08039488.2020.1850859>
- Klein, M., Silva, M. A., Belizario, G. O., Rocca, C. C. D. A., Padua Serafim, A. D., & Louzã, M. R. (2019). Longitudinal neuropsychological assessment in two elderly adults with attention-deficit/hyperactivity disorder: Case report. *Frontiers in Psychology*, *10*.  
<https://doi.org/10.3389/fpsyg.2019.01119>
- Kouvava, S., Antonopoulou, K., Ralli, A. M., Kokkinos, C. M., & Maridaki-Kassotaki, K. (2022). Children’s vocabulary and friendships: A comparative study between children with and without specific learning disorder and attention deficit hyperactivity disorder. *Dyslexia*. <https://doi.org/10.1002/dys.1709>
- Lynn, N. M. (2019). Women & ADHD functional impairments: beyond the obvious [Master’s thesis, Grand Valley State University]. Graduate Research and Creative Practice at ScholarWorks.
- Michielsen, M., Comijs, H. C., Semeijn, E. J., Beekman, A. T., Deeg, D. J., & Sandra Kooij, J. (2013). The comorbidity of anxiety and depressive symptoms in older adults with attention-deficit/hyperactivity disorder: A longitudinal study. *Journal of Affective Disorders*, *148*(2–3), 220–227. <https://doi.org/10.1016/j.jad.2012.11.063>

- Mowlem, F. D., Rosenqvist, M. A., Martin, J., Lichtenstein, P., Asherson, P., & Larsson, H. (2018). Sex differences in predicting ADHD clinical diagnosis and pharmacological treatment. *European Child & Adolescent Psychiatry, 28*(4), 481–489. <https://doi.org/10.1007/s00787-018-1211-3>
- Nejati, V., & Yazdani, S. (2020). Time perception in children with attention deficit–hyperactivity disorder (ADHD): Does task matter? A meta-analysis study. *Child Neuropsychology, 26*(7), 900–916. <https://doi.org/10.1080/09297049.2020.1712347>
- Nøvik, T. S., Hervas, A., Ralston, S. J., Dalsgaard, S., Rodrigues Pereira, R., & Lorenzo, M. J. (2006). Influence of gender on Attention-Deficit/hyperactivity disorder in Europe – ADORE. *European Child & Adolescent Psychiatry, 15*(S1), i15–i24. <https://doi.org/10.1007/s00787-006-1003-z>
- Nussbaum, N. L. (2011). ADHD and female specific concerns. *Journal of Attention Disorders, 16*(2), 87–100. <https://doi.org/10.1177/1087054711416909>
- Oliva, F., Malandrone, F., Mirabella, S., Ferreri, P., Di Girolamo, G., & Maina, G. (2020). Diagnostic delay in ADHD: Duration of untreated illness and its socio-demographic and clinical predictors in a sample of adult outpatients. *Early Intervention in Psychiatry, 15*(4), 957–965. <https://doi.org/10.1111/eip.13041>
- Owens, E. B., & Hinshaw, S. P. (2016). Childhood conduct problems and young adult outcomes among women with childhood attention-deficit/hyperactivity disorder (ADHD). *Journal of Abnormal Psychology, 125*(2), 220–232. <https://doi.org/10.1037/abn0000084>
- Pawaskar, M., Fridman, M., Grebla, R., & Madhoo, M. (2019). Comparison of quality of life, productivity, functioning and self-esteem in adults diagnosed with ADHD and with symptomatic ADHD. *Journal of Attention Disorders, 24*(1), 136–144. <https://doi.org/10.1177/1087054719841129>

- Quinn, P. O. (2008). Attention-deficit/hyperactivity disorder and its comorbidities in women and girls: An evolving picture. *Current Psychiatry Reports, 10*(5), 419–423.  
<https://doi.org/10.1007/s11920-008-0067-5>
- Quinn, P. O., & Madhoo, M. (2014). A review of attention-deficit/hyperactivity disorder in women and girls. *The Primary Care Companion for CNS Disorders*.  
<https://doi.org/10.4088/pcc.13r01596>
- Ramtekkar, U. P., Reiersen, A. M., Todorov, A. A., & Todd, R. D. (2010). Sex and age differences in attention-deficit/hyperactivity disorder symptoms and diagnoses: Implications for DSM-V and ICD-11. *Journal of the American Academy of Child & Adolescent Psychiatry, 49*(3), 217–228.e3.  
<https://doi.org/10.1016/j.jaac.2009.11.011>
- Rucklidge, J. J. (2010). Gender differences in attention-deficit/hyperactivity disorder. *Psychiatric Clinics of North America, 33*(2), 357–373.  
<https://doi.org/10.1016/j.psc.2010.01.006>
- Sasaki, H., Jono, T., Fukuhara, R., Honda, K., Ishikawa, T., Boku, S., & Takebayashi, M. (2022). Late-manifestation of attention-deficit/hyperactivity disorder in older adults: An observational study. *BMC Psychiatry, 22*(1). <https://doi.org/10.1186/s12888-022-03978-0>
- Schrevel, S. J. C., Dedding, C., Van Aken, J. A., & Broerse, J. E. W. (2015). ‘Do I need to become someone else?’ A qualitative exploratory study into the experiences and needs of adults with ADHD. *Health Expectations, 19*(1), 39–48.  
<https://doi.org/10.1111/hex.12328>
- Sibley, M. H. (2021). Empirically-informed guidelines for first-time adult ADHD diagnosis. *Journal of Clinical and Experimental Neuropsychology, 43*(4), 340–351.  
<https://doi.org/10.1080/13803395.2021.1923665>

- Song, P., Zha, M., Yang, Q., Zhang, Y., Li, X., & Rudan, I. (2021). The prevalence of adult attention-deficit hyperactivity disorder: A global systematic review and meta-analysis. *Journal of Global Health, 11*. <https://doi.org/10.7189/jogh.11.04009>
- Spillmann, R. C., McConkie-Rosell, A., Pena, L., Jiang, Y., Schoch, K., Walley, N., Sanders, C., Sullivan, J., Hooper, S. R., & Shashi, V. (2017). A window into living with an undiagnosed disease: illness narratives from the Undiagnosed Diseases Network. *Orphanet Journal of Rare Diseases, 12*(1). <https://doi.org/10.1186/s13023-017-0623-3>
- Sutton, J., & Austin, Z. (2015). Qualitative research: data collection, analysis, and management. *The Canadian Journal of Hospital Pharmacy, 68*(3). <https://doi.org/10.4212/cjhp.v68i3.1456>
- Vildalen, V. U., Brevik, E. J., Haavik, J., & Lundervold, A. J. (2016). Females with ADHD report more severe symptoms than males on the adult ADHD self-report scale. *Journal of Attention Disorders, 23*(9), 959–967. <https://doi.org/10.1177/1087054716659362>
- Williamson, D., & Johnston, C. (2015). Gender differences in adults with attention-deficit/hyperactivity disorder: A narrative review. *Clinical Psychology Review, 40*, 15–27. <https://doi.org/10.1016/j.cpr.2015.05.005>
- Yoshimasu, K., Barbaresi, W. J., Colligan, R. C., Voigt, R. G., Killian, J. M., Weaver, A. L., & Katusic, S. K. (2016). Adults with persistent ADHD: Gender and psychiatric comorbidities—A population-based longitudinal study. *Journal of Attention Disorders, 22*(6), 535–546. <https://doi.org/10.1177/1087054716676342>
- Young, S., Bramham, J., Brewer, R., & Rose, E. (2008). The experience of receiving a diagnosis and treatment of ADHD in adulthood. *Journal of Attention Disorders, 11*(4), 493–503. <https://doi.org/10.1177/1087054707305172>

## Appendices

### Appendix A

#### Recruiting Pamphlet



**JOIN OUR RESEARCH NOW**

**🔍 Looking for Women with ADHD**

- If you were diagnosed (including self-report) after the age of 18.
- If you are an English or Portuguese speaker.

**More Info:**  
Leticia [x19212585@student.ncirl.ie](mailto:x19212585@student.ncirl.ie)

## Appendix B

### Participant Information Sheet

**Study Title:** Late ADHD diagnosis and self-perception.

Thank you for considering taking part in this research study. Before deciding whether to take part, please take your time reading this document as it will explain why the research is being done and what it would involve for you. If you have any questions about the information provided or require any additional information, please do not hesitate to contact me using the details at the end of this sheet.

#### **What is this study about?**

I am a student in the BA in Psychology programme at National College of Ireland. As part of the degree, I must carry out an independent research project. For this project I chose to explore the impacts of a later in life ADHD diagnosis among the female population. This is a topic of my interest since I was diagnosed with ADHD in adulthood.

#### **What will taking part in the study involve?**

If you decide to take part in this research, you will be asked to take part in an interview in person or online via Microsoft Teams or Zoom Meetings (whichever suits you best). The interview will be scheduled to last up to two hours, including brief and debrief, where you will be allowed to ask any questions that arise. The interview questions will be about your life experiences regarding your ADHD, including the diagnosis process and the way you believe ADHD impacts your daily life.

#### **Who can take part?**

Any female with a self-reported ADHD diagnosis that happened after the age of 18.

#### **Do I have to take part?**

No. Participating in this study is completely voluntary. If at any moment you change your mind about taking part, you can stop the interview and withdraw any data derived from it before transcriptions are done (the specific data will be provided closer to the interview) by contacting the researcher via email. After data transcription, withdrawal of data will not be possible as all identifiable information will be removed. You also have the right to refuse to answer any questions (no explanation needed). No penalty will be applied whatsoever.

#### **What are the possible risks and benefits of taking part?**

**Benefits** – Information gathered in the research may benefit future studies on the topic of ADHD and it may contribute to greater understanding of how it impacts women.

**Risks** – There is a possibility that some questions will cause you to reflect about difficult experiences, which may cause you minor distress. If that happens you are free to take a break or stop the interview completely. Information about relevant support services are as follows:

❖ **Samaritans Support Line:** 116 123

❖ **Aware:** 1800 80 48 48

### **Will taking part be confidential and what will happen to my data?**

Interviews will take place one-to-one online or in a location that is convenient to the participant and provides sufficient privacy. Interviews will be audio recorded and transcribed using Microsoft Teams. Transcriptions will be stored in a digital file that will be password-protected, stored in a computer only the researcher has access to. All identifiable information will be removed during transcription process and voice-recordings will be destroyed. Direct quotes from interviews may be included in the presentation of the results but will not contain any information that could identify the participant or any other individual.

### **What will happen to the results of the study?**

The results of this study will be presented in my final dissertation, which will be submitted to National College of Ireland, and may be used in presentation at conferences or in publications.

### **Who should you contact for further information?**

Leticia Camargo Fernandes Carvalho de Almeida

Undergraduate researcher

National College of Ireland

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## Appendix C

### Consent Form

#### Late ADHD diagnosis and self-perception

##### Consent to take part in research

- I \_\_\_\_\_ voluntarily agree to participate in this research study.
- I understand that even if I agree to participate now, I can withdraw at any time and/or refuse to answer any question without any consequences of any kind.
- I understand that I can withdraw permission to use data from my interview within two weeks after the interview, if that happens, the material will be deleted.
- I have had the purpose and nature of the study explained to me in writing and I have had the opportunity to ask questions about the study.
- I understand that participation involves an interview where I will be asked personal questions regarding my ADHD diagnosis.
- I understand that I will not benefit directly from participating in this research.
- I agree to my interview being audio-recorded.
- I understand that all information I provide for this study will be treated confidentially
- I understand that in any report on the results of this research my identity will remain anonymous. This will be done by changing my name and de-identifying any details of my interview which may reveal my identity or the identity of people I speak about.
- I understand that de-identified extracts from my interview may be quoted in the researcher's dissertation that will be submitted to National College of Ireland and may be used in presentation at conferences or in publications.
- I understand that a transcript of my interview in which all identifying information has been removed will be retained for a period of five years from the date of the exam board.



- I understand that signed consent forms will be retained in secure storage for 5 years, in accordance with the NCI policy.
- I understand that under Freedom of Information legislation I am entitled to access any identifiable information I have provided at any time while it is still stored as identifiable information.
- I understand that I am free to contact any of the people involved in the research to seek further clarification and information.

*Signature of research participant*

\_\_\_\_\_  
Signature of participant

\_\_\_\_\_  
Date


*Signature of researcher*

I believe the participant is giving informed consent to participate in this study

\_\_\_\_\_  
Signature of researcher

\_\_\_\_\_  
Date

**Appendix D**  
**Helpline Pamphlet**



**YOU ARE NOT ALONE**

**Helplines:**

- Samaritans: 116 123
- Aware: 1800 48 48

## **Appendix E**

### **Debriefing Sheet**

Dear Participant,

Firstly, I would like to thank you for taking part in this study. The interview you just took part in was audio-recorded and had the aim to explore how your life is impacted by ADHD. Interviews will be conducted with several women with the same ADHD background, and upon analysis of the data I hope to identify recurring themes that can potentially result in more understanding of the experiences women with ADHD encounter in daily life.

The results of this study will be presented in my dissertation, which will be submitted to National College of Ireland as part of my final degree and may be used in presentation at conferences or in publications. Any information that could potentially identify you or anyone you mentioned in the interview will be removed. If you wish to withdraw your data, you can do so before your data has been transcribed (in two weeks' time from today) by contacting me via email (x19212585@student.ncirl.ie), after that withdrawal will not be possible as all identifiable information will be removed.

If you have any questions at all or if you wish to know the results for this study, you can do so by contacting me in the email above. If you feel distress in any way by the interview, please contact one of the helplines below.

Once again, thank you for volunteering in this study.

❖ **Samaritans Support Line:** 116 123

❖ **Aware:** 1800 80 48 48

## **Appendix F**

### **Interview schedule**

1. Why did you suspect you had ADHD?
2. What was a defining moment that led to the conclusion that you had ADHD?
3. How did the diagnosis of ADHD come about?
  - 3.1 What made you seek one out?
4. What did the diagnosis mean to you?
5. Is anyone else in your family or circle of close friends also neurodivergent?
  - 5.1 If so, how has that affected you?
  - 5.2 If not, how has that affected you?
6. If you disclosed the diagnosis, how did you explain ADHD to other people?
  - 6.1 Has your disclosure/explanation changed over time? If so, how?
7. Can you give me an example of how the diagnosis has impacted your life?
8. Can you share how ADHD may have impacted your daily life, positively or negatively?
9. What does it feel like now to have a diagnosis of ADHD?
  - 9.1 What has changed/stayed the same since the diagnosis?
10. Looking back over your life before the diagnosis, do you think having ADHD affected your academic life/career? If so, how?
  - 10.1 Has that changed since the diagnosis? If so, how?
11. Before the diagnosis, how did you view yourself in relation to behaviours you can now attribute to ADHD?
  - 11.1 After the diagnosis, has that changed? If so, how?
12. Are there any interventions available that you could use but feel embarrassed about?
13. What do you think about taking medication for ADHD?

14. Before the diagnosis, how (if at all) did ADHD affect your relationships (romantic/friendship)?

14.1 How has that changed since the diagnosis?

15. How do you see yourself in comparison to women without ADHD? Do you see similarities or differences?

15.1 Has that changed since the diagnosis? If so, how?

16. How does using interventions to manage ADHD impact your view of yourself?

16.1 Is your view of yourself impacted when those interventions do not work? If so, how?

How do you feel about yourself when those interventions do not work?

17. Since the diagnosis and interventions mentioned earlier, have you noticed any changes in the way that you view yourself? Could you elaborate further?

18. What help would you like for the future?

19. Is there anything else you would like me to know?

**Appendix G**  
**Demographic Questionnaire**

- Age:
- Age at the time of ADHD diagnosis / self-reported diagnosis:
- Gender:
- Nationality: