

# **Experiences of Shame Among Women Diagnosed with ADHD in Adulthood**

By

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Paper submitted in partial fulfillment of the requirement for the degree of

Master of Counselling  
In the  
Division of Arts and Sciences

City University of Seattle  
2025

This paper is accepted as conforming to the required standard.

November 15, 2025

A handwritten signature in blue ink, appearing to read "Davis P. Tharayil", is positioned above a horizontal line.

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### **Abstract**

This counselling psychology research project examines the main question: How and in what ways do feelings and experiences of shame show up for women prior to being diagnosed with ADHD in adulthood, and how have chronic feelings of shame shaped their view of self and impacted their well-being throughout their development? To answer this question, a synthesis of the current and relevant research is conducted within this study as well as a presentation of the clinical recommendations needed to support this population therapeutically and within future research. Themes are created through a deductive thematic analysis of the literature, and a critique of the studies' methods and ethical approaches is conducted. Themes are found and highlighted such as the prevalence of shame experiences for women with late-diagnosed ADHD throughout their development, the isolation and distress of chronic shame, and the infiltration of shame within multiple aspects of the women's lives were found. Additionally, shame seems to be the internalization of years of external judgment, character blaming, and ostracization for behaving outside of the gender and neurotypical norm. Mental health clinicians and researchers are recommended to be aware of and reflective upon this silent but common phenomenon within their work. It is advised that energy and effort is directed towards addressing the experience of chronic shame in women with ADHD through researching and utilizing empirically supported treatment and diagnosis to curb the negative impacts shame can have on female-identifying individuals.

*Keywords:* ADHD, shame, self-esteem, women, shame therapy, mental health, development.

### **Acknowledgements**

First, I want to thank the professors at City University who have helped provide me with the education needed to achieve my dream occupation. Your support, patience, experience, and kindness got me through these last three challenging but rewarding years. I also want to thank Dr. Davis Tharayil specifically for always making time for multiple impromptu chats about feedback and for providing consistent and timely feedback, assistance, and support. And to cohort E22, thank you for the three years of laughter, tears, and unwavering support. I feel so grateful for the life-long friendships I have made in this program.

Third, I want to extend my appreciation to my family and friends who have encouraged me and forgiven me for the many rainchecks and delayed texts. They have been nothing but understanding, loving, and supportive throughout this entire process and I truly could not have done it without their continued grace and support. I have so many incredible people cheering me on and I will forever be grateful for how you all showed up for me during this period of my life.

Finally, I want to thank my wonderful fiancé, Denver. Your steadiness, patience, optimism, gentleness, and love have been so beyond appreciated and grounded me throughout this entire degree. Thank you for always believing in me and constantly reminding me how proud you are of me. I am so lucky to have you by my side.

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## Chapter One: Introduction

The purpose of this paper is to closely examine the gendered phenomenon of late diagnosed ADHD among women and better understand the commonly reported experiences of shame that can follow them well into adulthood. This chapter outlines the relevant background pertaining to female ADHD and shame and presents the research problem and the research question, the justification and significance of the research, the theoretical framework, the definition of key terms, and the writer's reflections and positionality. As such, this chapter focuses on thoroughly setting the stage for this capstone research project.

Research indicates that there are significant trends in the late diagnosis or misdiagnosis of attention deficit hyperactivity disorder (ADHD) among girls and women (Thompson et al., 2020). ADHD is described in the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5-TR) as a mental disorder characterized by inattention, hyperactivity, impulsivity, and emotion dysregulation occurring in at least two frequented environments by the individual (American Psychiatric Association [APA], 2022). There are approximately 2.58% of adults diagnosed with ADHD in childhood globally, and 6.76% of adults with ADHD globally, regardless of an earlier diagnosis (Song et al., 2021), making it a common disorder overall. ADHD is considered a developmental or early onset disorder commonly diagnosed in boys (Faraone et al., 2021). Although many of those diagnosed with ADHD in childhood have it in adulthood, most experience a reduction in hyperactivity and impulsivity with continued attention difficulties in adulthood.

The definition and understanding of ADHD have primarily been derived from research on young, white, middle-class boys and are thus not representative of the general public who have ADHD symptomology (Faraone et al., 2021; Thompson et al., 2020). While ADHD is more common in boys than in girls, some believe this discrepancy to be due to a difference in the behavioural presentation of the disorder when comparing the genders (Thompson et al., 2020). Girls and women report more internalizing behaviours and hyperactivity that manifests as rapid, continuous thoughts, whereas boys present with more hyperactive and impulsive behaviours and therefore have symptoms that are more observable and identifiable (Hinshaw et al., 2021). As a result, ADHD in girls is often left unidentified, leading to an uptick of women receiving a diagnosis in adulthood while a majority of men with ADHD are diagnosed in childhood (Hinshaw et al., 2021; Thompson et al., 2020).

There are many risks associated with undiagnosed or late diagnosed ADHD in females. Firstly, women whose childhood ADHD persist into adulthood are more at risk of having an unplanned pregnancy, difficulties in education, health problems, self-injury, and social and occupational impairment (Owens et al., 2017). As for clinical risks, girls and women with undetected ADHD are often diagnosed with a mood disorder before being diagnosed with ADHD (Martin et al., 2018). The mood disorder is often a result of or a symptom of undiagnosed and untreated ADHD. Additionally, women with ADHD are more likely than men with ADHD to have comorbid disorders, such as depression and anxiety, highlighting women with ADHD as a more vulnerable group (Ottosen et al., 2019). Rates of post-partum depression (PPD) and premenstrual dysphoric disorder (PDD) are also more common in women with ADHD compared to women without ADHD, emphasizing the hormonal differences that may be at play compared to men with ADHD (Dorani et al., 2021). Moreover, females with symptoms of ADHD are more

likely to experience low self-esteem and are at higher risk of suicidal ideation, suicide attempts, and self-harm compared to women without ADHD (Hinshaw et al., 2021; Meza et al., 2021; Owens et al., 2017; Pawaskar et al., 2020; Pedersen et al., 2024). This research may suggest that these problems are more likely to arise in women who have ADHD symptomology, but the problems reported may be symptoms of navigating ADHD within an unsupportive and unaccommodating society (Carr-Fanning, 2020). At the root of increased risks, comorbidities, and suicidal thoughts among women with ADHD might be the frequent experience of being shamed for their ADHD symptomology rather than navigating the symptomology itself.

Shame is a strong, universal emotion that can cause significant distress and pain. It is the experience of globally devaluing oneself or thinking of oneself as flawed and is often the result of social rejection and marginalization (Budiarto & Helmi, 2021). Shame and low self-esteem are significantly related. Frequent feelings of shame often lead to a low self-esteem and low self-esteem can make one more susceptible to feeling shame. Women who experience chronic shame are prone to developing depression and anxiety. In Brown's (2006) study, shame was associated with feeling trapped, isolated, and powerless. The women participating in the study also reported having difficulty countering shame as it elicited protective feelings of anger, judgment, fear, and confusion. Some reported that even when they identified shame, they felt they needed to keep it hidden and thus would not take the steps to process or address it, emphasizing the isolation and powerlessness it elicits. As Brown emphasizes, many will do whatever they can to escape this kind of pain. Self-harm (Tiamiyu et al., 2024), substance abuse (Lamb & Kougioli, 2024), and suicide (Canetto, 2008) are some of the significant risks of shame and low self-esteem for women.

Certain populations are more likely to experience shame, such as individuals who are oppressed and discriminated against (Budiarto & Helmi, 2021). More specifically, shame is more common in groups or individuals that are made to feel ashamed for being different from a 'norm' informed by those of the dominant group. As for individuals with ADHD, research has found a negative correlation between self-esteem and ADHD symptomology (Pedersen et al., 2024). The ADHD label and ADHD symptomology are both stigmatized and othered due to a presentation that goes against what is deemed normal and is thus considered a disability (Carr-Fanning, 2020). Carr-Fanning suggests that those with ADHD would not struggle to the extent that they do if there were less stigmatization and more understanding, acceptance, and accommodations for those with ADHD.

In addition to women being an oppressed population in Western society, studies have found women to be more susceptible to experiencing shame as they are more likely to have a negative self-concept compared to men (Gilchrist et al., 2020). Such research highlights the role of gender socialization in shaping emotion and self-perception. Sociocultural expectations of how women are 'supposed to be' are significant to how women experience and internalize shame (Brown, 2006). Parenting, professional identity and work, menstruation, sexuality, sexual assault, sex, aging, and appearance are just a few female experiences and roles that are stigmatized, criticized, shamed, or taboo (Bergoffen, 2018; Cheeseman, 2019; Dorani et al., 2021; Leath et al., 2020). There seems to be a baseline risk of chronic feelings of shame for women in Western society due to discrimination towards and dated ideas about female-oriented roles.

When considering the background information, further exploration of shame and low self-esteem in women with ADHD is required (Attoe & Climie, 2023; Pedersen et al., 2024). More specifically, the presence of chronic shame in women who were diagnosed with ADHD in

adulthood. When compared to women diagnosed with ADHD in childhood, women who were ADHD symptomatic without a diagnosis were more likely to have a negative view of self (Pawaskar et al., 2020). Women living with ADHD symptomology without a proper label/diagnosis, and therefore without proper understanding or resources, seem to be at a higher risk of seeing themselves as inherently flawed or broken, thus putting them at greater risk for mood disorders, self-harm, and/or suicidal ideation (Attoe & Climie, 2023; Lamb & Kougiali, 2024; Canetto, 2008; Pawaskar et al., 2020; Pedersen et al., 2024; Tiamiyu et al., 2024).

### **Research Problem**

Overall, the research background suggests that women diagnosed with ADHD are a more vulnerable clinical population due to a limited understanding of female ADHD, misdiagnosis and late-diagnosis, othering and marginalization, and the significant risks these experiences have for their psychological, social, and emotional well-being (Ottosen et al., 2019). Such vulnerabilities likely increase when accounting for additional cultural, ethnic, racial, gender, and sexual diversities due to the intersectionality of oppression and the accumulation of shame experiences (Budiarto & Helmi, 2021; Thompson et al., 2020).

In this study, an analysis of shame in relation to being a woman with late-diagnosed ADHD is conducted and outlines how the presence of shame in the context of a late diagnosis has impacted women throughout their development. The research question is as follows: How and in what ways do feelings and experiences of shame show up for women prior to being diagnosed with ADHD in adulthood, and how have chronic feelings of shame shaped their view of self and impacted their well-being throughout their development?

### **Justification for Research**

The research on adult women with ADHD is still in its infancy, and research on ADHD has primarily come from male-dominated samples due to an assumed higher prevalence of ADHD among boys and men (Hinshaw et al., 2021). Moreover, the research over the past decade has presented the possibility that ADHD manifests differently in women in terms of symptomology, hormonal impacts, developmental differences, and gender roles (Faraone et al., 2021). A lack of research on women with ADHD indicates a lack of knowledge on how undiagnosed ADHD impacts women, their self-perception, and their emotional health. Decades of under-researching and misdiagnosis among women has likely impacted them negatively throughout their development. Research indicates benefits for people who receive early diagnosis, such as proper treatment and medication and reduced mental health problems (Faraone et al., 2021). Although, there lacks nuanced and comprehensive understanding of the various experiences of those who do not receive an ADHD diagnosis in childhood. Because chronic shame can be harmful, lethal, and common among women and oppressed populations, it is important that research explores how the lack of understanding of ADHD in women has perpetuated feelings of shame among women who were unknowing of their neurodivergence (Brown, 2006; Canetto, 2008; Kougioli, 2024; Tiamiyu et al., 2024). This knowledge gap may increase the risk and vulnerability for women who grow up without a diagnosis, impacting their accessibility to support and leaving shame unaddressed (Honkasilta, 2016). The lack of targeted research on the manifestation of shame in late-diagnosed female ADHD and its impact their mental and emotional health warrants an in-depth exploration. Research on this topic can provide a more holistic view of the women's experience of adult ADHD and inform treatment that is tailored to this population (Chronis-Tuscano, 2022).

### **Significance of the Study**

The research done in the field of psychology is vital in informing the practices and approaches within therapy. This research study provides informed and scientifically relevant explanations and insights on the common experiences of women with undiagnosed ADHD; a population that has been somewhat neglected in the field of research. Many women with undiagnosed ADHD often seek out therapeutic services to address anxiety, depression, or other comorbidities (Young et al., 2020). For a clinician who is unknowing of the presentation of ADHD in women, the high rates of misdiagnosis and late diagnosis could possibly accumulate to chronic feelings of shame in some women (Hinshaw et al., 2021). Therapists unaware of the risks and emotional impacts of undiagnosed ADHD may continue to misdiagnose and treat the symptoms of undiagnosed ADHD, such as depression, rather than treating the root of the depression; undiagnosed and unaddressed ADHD (Martin et al., 2018; Popovic, 2011). While not everyone's experiences are the same, the trends and commonalities in women with ADHD symptomology are important for therapists to know in order to assess for and properly treat.

Within the therapeutic space, clinicians must consider whether a diagnosis is appropriate for the client to avoid harm as per Principle II: Responsible Caring in the *Canadian Code of Ethics for Psychologists* (Canadian Psychological Association [CPA], 2017). As much as research might state that a diagnosis might provide relief and increase self-esteem, there is also considerable stigma around ADHD and a client still might be in the process of integrating their ADHD adult diagnosis into their identity (Fleischmann & Fleischmann, 2012). There is potential harm of diagnosis as some experience internalized stigma or shame towards the label. Such a risk warrants therapists and researchers to consider the intersectionality of the individual's identity before encouraging clients to pursue a diagnosis. Clinicians must use their clinical judgment,

their knowledge of the research, and their clinical rapport with the client to assess whether an ADHD diagnosis will reduce shame or increase it.

Marginalization and cultural influences can significantly impact the experience and view of ADHD, highlighting the importance of considering intersectionality when treating ADHD in the therapeutic space. For instance, African American women in college with late-diagnosed ADHD reported reluctance towards revealing their diagnosis of ADHD for fear of stigmatization (Anderson-Elahi, 2022). They reported fearing further discrimination in addition to experiencing racism and sexism during their college experience. The respondents stated that they may have been better prepared for college and had a better college experience if they were diagnosed earlier on and had received proper supports prior to college. This example highlights the importance of recognizing intersectionality among those with more than one vulnerable identity and how shame elicited by societal responses and mistreatment can significantly impact their lives.

Furthermore, low socioeconomic status (SES) can increase chances of ADHD symptomology, but due to financial restraints, are not able to receive a diagnosis and further supports (Pond et al., 2019). Those with Latinx or black identity are more likely to be diagnosed in childhood with ADHD due to their behaviours and cultural practices being pathologized within Western society (Leath et al., 2020). While an early diagnosis may provide direction in terms of resources, it is possible that such diagnosis was made under biased assumptions. Moreover, Latinx and those of black identity are more likely to be low SES, which may also contribute to an exacerbation of ADHD symptoms (Leath et al., 2020; Pond et al., 2019). Research has also found that those with higher SES are more likely to receive an ADHD label early on in their development, and non-white identities are less likely to receive an ADHD

diagnosis in adulthood (Pond et al., 2019). While the research on ADHD diagnosis is varied, there are racial and economic disparities in accessing a diagnosis and resources as well as an ethnic bias among practitioners on how ADHD presents among various groups (Leath et al., 2020; Pond et al., 2019; Thompson et al., 2020).

### **Theoretical Framework**

Critical disability theory is used within this research project to guide the research and ground the findings within an established body of knowledge (Brocco, 2024). Critical disability theory highlights disability as a socially constructed phenomenon in which those who deviate from the mental and/or physical ‘norm’ established by white, high SES, able-bodied men, are pathologized and deemed ‘dysfunctional’ and/or ‘less worthy’. The main principles of critical disability theory differ from social disability theory in that there is a strong emphasis on the discrimination and ostracization that those with perceived disabilities face. In other words, this theory advocates for significant systematic change on how differences are viewed and therefore treated. The theory recognises that individuals discriminated against for their ‘disability’ are not the problem, nor are they the ones that need to address the problem. Instead, critical disability theory advocates for the revision and reconstruction of the systems that pathologize and judge differences and diversity. This theory aims to empower those labelled as disabled or different by reframing their ‘disabilities’ as simply abilities that do not follow the standard or expectations constructed by able-bodied, neurotypical individuals.

When applied to the phenomenon of chronic shame experienced by women with late-diagnosed ADHD, the theory validates their experiences by recognizing the outward judgement

they receive from society, their family, partners, and peers (Brocco, 2024; Carr-Fanning, 2020). Moreover, critical disability theory acknowledges that some women feel ashamed of themselves because of external messaging and rigid norms, not because they are actually flawed, broken, or worthless. When provided with support, resources, and accommodations, ADHD symptomology is not always a hindrance or disability, nor is it necessarily distressing or dysfunctional (Carr-Fanning, 2020). The research in combination with critical disability theory aims to challenge the system that oppresses women with late or undiagnosed ADHD and recognizes the hurt caused by harmful and narrow ideas of what it means to be normal (Brocco, 2024). Critical disability theory states that ADHD symptomology exhibited by women only becomes a disability or ‘wrong’ when society deems it so. Therefore, this framework states that normativity and exclusion should be questioned, challenged, and changed to foster well-being and compassion.

### **Definition of Key Terms**

***Shame Experiences:*** The stories individuals believe about themselves informed by external messages that portray their character as intrinsically flawed, broken, or defective, thus creating and sustaining a negative self-view (Brown, 2006; Budiarto & Helmi, 2021).

***ADHD Late Diagnosis or Adult Diagnosis:*** A phenomenon in which individuals are diagnosed with ADHD after the age of 18 years old, but more commonly after the age of 25 years old (Faraone et al., 2023).

***Masking or Camouflaging:*** The often unconscious or conscious hiding or managing of ADHD presentation and symptoms to appear neurotypical (Craddock, 2024; Mylett, 2020). Masking is often the suppression of fidgeting, speaking, emotions, or impulses to avoid adverse or rejection responses. Masking is often constant and exhausting for individuals.

## **Researcher Reflexivity/Positionality**

A vital part of the research process for this writer was the constant reflection on her cultural membership, values, and biases. Türkmen (2023) highlighted the importance of reflection within research to ensure transparency and objectivity in the interpretation and presentation of the themes in the literature. With this section being dedicated to the writer's positionality and reflection process, the remainder of this section will use "I" and "me" for clarity.

As a 26-year-old, white, cisgender, heterosexual, able-bodied, middle-class woman with a university education, it is apparent to me that the interaction of my cultural identities presents similarly as the population of this study. Keeping these identities in mind, I expand on my experience with shame and ADHD both individually and within my practicum. Shame and ADHD are both of particular interest to me as a student therapist and researcher. Firstly, I believe shame to be a very common, but also a very painful and isolating experience that underlies a lot of the core issues people bring into therapy (Brown, 2006). I have also been on a journey of becoming more acquainted with my own shame and how it has impacted me throughout my life. I see the impacts today in how I respond to my emotions and how I assume other people see me. I believe the reason it has taken me so long to examine my own shame is that it is a taboo topic within society, even though it is an emotion we all feel and are victimized by at times (Scheff & Mateo, 2016).

I have also spent many years wondering whether I have ADHD and still question this some days. While this research is not a search for my own diagnosis, it does provide some answers to the questions I have had about how it might show up for me. ADHD is also a topic I feel drawn to as I have had quite a few clients who identify as women who have a late diagnosis

of ADHD. Moreover, I want to continue working with individuals with ADHD in the future and want to learn more about how the views of society pathologize and ostracize those with ADHD symptomology simply for being different. Many of my own clients have talked about how they have spoken to themselves growing up and the internalization of others' criticism, having thoughts like "I am lazy" or "something must be wrong with me". I have realized how common this internal dialogue is and the negative impact it can have on how people come to perceive themselves throughout their development.

As for the possible biases that may appear and interfere with my objectivity throughout my research, I may be susceptible to viewing the concept of diagnosis as a dichotomous matter. More specifically, due to the nature of my research topic, it would be easier for me to claim that diagnosis was preferable for all women and girls who have ADHD. Such a stance would better support that shame experiences are common prior to diagnosis and dissipate once a diagnosis is given. In reality, diversity among individuals means that for some, an ADHD diagnosis may be more harmful, or an individual may reap both the benefits and the harm of a diagnosis. While a diagnosis of ADHD for women in adulthood may reduce feelings of shame for some, a diagnosis can also introduce many other problems, such as stigmatization (Babinski & Libsack, 2025), and difficulties in accessing treatment (Young et al., 2020). I have prepared to address these biases by briefly discussing the complexity of ADHD diagnosis in my capstone and reading the literature on the impacts of diagnosis in depth to gain a better understanding of the nuance that a diagnosis presents. Additionally, I am open to the revision of prior preconceptions I brought into this research process, keeping in mind that my values and positionality on the matter can change depending on my experience and on the context (Holmes, 2020). A consistent reflection on my own biases, positionality, and mental constructions about ADHD, shame, and the role both play

for female identifying individuals is required to maintain flexibility and coherent articulation of my position on the matter.

## **Overview**

In Chapter One of this capstone, there was an exploration of background information related to ADHD in women, shame, and the risks of both when left unaddressed, as well as the significance and justification of the study, and the theoretical lens used to guide this research. The key definitions included in the paper were outlined, and the writer's positionality and reflection process were also examined. The remaining chapters will begin with the presentation of the methodology used to create this capstone and the critiques of the methods used in the current literature (Chapter Two), followed by a thematic analysis of the current and relevant literature as well as the ethical considerations of the studies presented (Chapter Three). There will also be a discussion on the clinical and practical applications (Chapter Four), and lastly, an exploration of the gathered conclusions and recommendations (Chapter Five).

## **Chapter Two: Methods**

This chapter focused on the methodological procedures used to collect, differentiate, and thematically review or analyze the current literature. There was also a critique of the strengths and limitations of certain core articles that may have influenced the study's interpretations of the findings. The purpose of this section was to make clear the contextual aspects that may have been impactful to the results presented in this capstone research paper.

### **Literature Search Process**

The thematic review on shame experiences among women diagnosed with ADHD in adulthood was researched using databases such as the City University Library and Google Scholar as the primary databases, in which peer-reviewed research from the last five years were collected. PsycINFO, Psychology and Behavioural Sciences Collection, and PubMed were also used as databases to gather sources relevant to the topic and to the field of psychology.

To find appropriate sources for the topic, a variety of search terms were inputted into the databases and combined using "AND" and/or "OR" between each word, such as shame, self-worth, low self-worth, self-esteem, low self-esteem, self-perception, adult, late diagnosed, undiagnosed, misdiagnosed, women, female, neurodivergence. All searches included ADHD due to its importance to the topic. As discussed earlier, while low self-esteem and shame are not the

same, they often exist concurrently (Budiarto & Helmi, 2021), warranting the inclusion of self-esteem when searching the databases. It is also important to note that the researchers in most of the recent studies on adult diagnosed ADHD in women conceptualized the women's experience of shame as low self-esteem and described this as viewing oneself as lazy or broken.

Furthermore, sources were also found by reviewing the reference list of relevant articles, adding to the thorough examination of the recent literature.

### **Inclusion/Exclusion Criteria**

Articles were chosen based on their relevance to the topic and if they met certain criteria. A PRISMA chart was used as an inclusion guide for this capstone project, beginning with an identification of studies by searching the above-mentioned databases with the relevant terms, followed by a screening that excluded studies with titles that did not relate closely enough to the topic (Page et al., 2020). The studies that were available and accessible to the researcher/writer were then further assessed for their eligibility in relation to the topic to ensure their relevance. Studies were eliminated if the participants were only children, were only male identifying, or if the study did not explore some aspect of self-esteem, shame, or self-worth. The studies included in this research project required women participants to be either formally diagnosed with ADHD in adulthood or reported ADHD symptomology, and participants had to be above the age of 18 years old. Moreover, the studies had to be academic, peer-reviewed articles published within the last five years. All but one of the studies included in the literature review met this criterion. The Holthe & Langvik (2017) study was not published within the last five years but was a rich source that was peer reviewed and significantly contributed to the literature. Moreover, a small portion of the studies were systematic reviews while the majority of the included studies were primary

research studies. Using a PRISMA chart model, studies were thoroughly examined for their relevance to the topic and inclusion/exclusion criteria through careful consideration.

### **Data Analysis Procedures**

A deductive thematic analysis was conducted to determine the common and most important threads of discussion among the studies pertaining to the topic, while also utilizing a critical disability theory lens to guide the creation of themes. In qualitative research, thematic analysis is commonly used as a data analysis method that first involves coding the data and forming these into common themes (Creswell & Creswell, 2018). In this study, the studies were thoroughly examined, first identifying recurring ideas and patterns and then organizing these into cohesive themes. As such, the synthesized themes made up the literature review of this paper. Furthermore, the process also included a methodological and an ethical critique of the main studies included in the literature review in order to determine the quality of the sources reviewed, as seen in Appendix 1. While most of the studies were qualitative, there was one quantitative study (Pawaskar et al., 2020) and two systematic reviews (Attoe & Climie, 2023; Vincenti et al., 2023), demonstrating a range of methodological approaches in the literature. As such, this analysis focused on bringing to light the important considerations of the ethics and methods of each study to ensure an accurate representation and interpretation of the results.

### **Methodological Strengths and Limitations**

Appendix 1 shows the core articles selected for this study that were analyzed to identify the strengths and limitations of the methodological processes. Most of the studies used a

qualitative approach, and the rest used quantitative approaches and systematic reviews. As such, this analysis was used to assess the quality of the current literature included in this study by noting the potential influence of the methodological approaches on the findings.

This section explored and critiqued the methodological approaches of the main studies, outlining the current research on the experiences of shame among women diagnosed with ADHD in adulthood. Methodological limitations, while common and unavoidable at times, are important to examine in order to identify the potential gaps within the literature that may affect the validity and reliability of the results. The gaps identified in the current research were the lack of sample diversity, the commonality and fallibility of self-reports, and small sample sizes and convenience sampling. The strengths were noted as well and included the richness and nuance of the qualitative studies and the benefit of including reports from observational perspectives in addition to self-reports.

### ***Limitations***

Nearly all of the core studies examined in this literature review lacked proper diversity within their samples, with a majority of the participants being ethnically white, making it difficult to consider the application of the findings to others with various ethnic backgrounds (Babinski & Libsack, 2025; Karpiuk, 2024; Morgan, 2024, Nordby, et al., 2023; Pawaskar et al., 2020; Visser et al., 2024; Wallin et al., 2022; Young et al., 2020). Moreover, there was a lack of sexual diversity among the studies, with many reporting heteronormativity and identifying as cisgender (Babinski & Libsack, 2025; Karpiuk, 2024; Morgan, 2024, Nordby, et al., 2023; Wallin et al., 2022). A qualitative approach has been commonly used to explore women's relationship with ADHD and self-esteem as it produces rich and nuanced data capturing the complexity and systematic nature of the experiences, as shown by the current research (Attoe & Climie, 2023;

Vincenti et al., 2023). The limitation lies in the fact that the shame experiences, while detailed, have been largely restricted to those of white, middle-class, heterosexual women. While this is a step-up from the male-centered research of recent decades, most of the current research is limited to a white-centric narrative and thus unsuccessfully captures the cultural and ethnic variability that is likely present when the voices of women of various backgrounds are included in the conversation (Allmark, 2004). An exploration of the experiences and self-perception of women with late-diagnosed ADHD beyond homogenous samples are needed to thicken and flesh out the current narratives of a complex societal issue (Hoffman et al., 2020).

Another limitation within the recent research on women with late-diagnosed ADHD was the collection of data through self-reports (Attoe & Climie, 2023; Babinski & Libsack, 2025; Karpiuk, 2024; Morgan, 2024; Nordby et al., 2023; Pawaskar et al., 2020; Vincenti et al., 2023; Visser et al., 2024; Wallin et al., 2022). The women's experienced symptoms, challenges, and benefits of ADHD were all self-reported, which could pose a risk to the accuracy of the data due to potential bias about ADHD, social desirability bias, and inaccurate memory recall (Rosenman et al., 2013). Additionally, current social phenomena may be influencing the reliability and validity of the data collected. There has been more information on ADHD circulating on social media within the last decade that has glamorized the diagnosis, increasing the desirability of the label, with some individuals seeking out the label to be a part of a community (Rouffaer, 2024). In the Pawaskar et al. (2020) study, participants self-reported their diagnosis of ADHD as well as their comorbidities, whereas the other studies required an ADHD diagnosis from a doctor, psychiatrist, or psychologist (Babinski & Libsack, 2025; Karpiuk, 2024; Morgan, 2024; Nordby et al., 2023; Visser et al., 2024; Wallin et al., 2022). Additionally, the shame experiences collected by recent research is from when the women were children prior to receiving an ADHD

diagnosis. Childhood memories are prone to changing over time, which may have impacted the validity and reliability of the results (Attoe & Climie, 2023; Babinski & Libsack, 2025; Karpiuk, 2024; Morgan, 2024; Nordby et al., 2023; Pawaskar et al., 2020; Vincenti et al., 2023; Visser et al., 2024; Wallin et al., 2022).

Due to the qualitative nature of the studies on women with late-diagnosed ADHD, the sample sizes were small and relied on convenience sampling to collect participants that met their inclusion criteria (Babinski & Libsack, 2025; Karpiuk, 2024; Morgan, 2024; Nordby et al., 2023; Visser et al., 2024; Wallin et al., 2022). Due to limited time, funds, and participants in combination with examining the experiences of female ADHD from a phenomenological approach, sample sizes were small to gain rich, qualitative data through interviews and focus groups. Although smaller sample sizes can impact the saturation of the sample and present as a more homogenous sample, thus outputting data potentially lacking in diversity and decreasing the validity and reliability of the study (Marshall et al., 2013). Moreover, convenience sampling was the main way researchers found participants, either by snowball sampling, reaching out to pre-existing groups or organizations, or recruiting through social media (Babinski & Libsack, 2025; Karpiuk, 2024; Morgan, 2024; Nordby et al., 2023; Visser et al., 2024; Wallin et al., 2022; Young et al., 2020). As such, convenience sampling can also affect the validity and reliability due to the misrepresentation of the general population due to participants being chosen based on their availability and applicability to the study (Kriska et al., 2013).

### ***Strengths***

There were also strengths within the articles selected for this research project, particularly the use of qualitative studies for in-depth interviews and the use of professionals that provided an ‘observer’ point-of-view to the literature. Firstly, the literature on the experience of women with

late-diagnosed ADHD was rich in information (Babinski & Libsack, 2025; Karpiuk, 2024; Morgan, 2024; Nordby et al., 2023; Visser et al., 2024; Wallin et al., 2022; Young et al., 2020). Qualitative studies are known to provide a thorough and more representative recalling of participants' experiences due to interviews that focus on administering open-ended questions, thus capturing the nuance of everyone's responses (Creswell & Creswell, 2018). Secondly, some studies focused on obtaining information on the experience of ADHD in women from people who work closely with this population, adding to the richness of the literature. For example, the sample in one study was made up of ADHD professionals, such as doctors, psychotherapists, and nurses who participated in discussions about their knowledge on and clinical experience with female ADHD (Young et al., 2020). This approach was valuable in that it collectively brought together various professional perspectives. Although, the accounts were not directly from the women with ADHD, which could suggest a potential for bias, generalizations, or stereotyping by the professionals (Rosenman et al., 2013). Overall, an observational recounting of ADHD in women from trusted sources can add to the depth of the evidence collected when consistent with the individual reports from women with ADHD themselves.

### **Chapter Three: Literature Review**

This study follows an in-depth review of the current literature on adult ADHD in women and the development of chronic shame, impacting their self-view, well-being, and their relationships on many different levels. In this chapter, there is a synthesis and evaluation of the current literature on women with late-diagnosed ADHD and their experiences of shame as a result of not being diagnosed until adulthood. This chapter presents an overview of the themes in the literature, which is analyzed and synthesized. Lastly, a discussion on the ethical considerations within the relevant literature and clinical interventions have been conducted.

#### **Literature Findings**

Using a thematic approach to analyze the current literature on women with late-diagnosed ADHD, five themes and twelve sub-themes are identified. The themes are relevant to and answer the following research questions: How and in what ways do feelings of shame show up for women prior to being diagnosed with ADHD in adulthood, and how have chronic feelings of shame shaped their view of self and impacted their well-being throughout their development? A critique of the strengths and limitations of the studies included is discussed following each theme as well as the gaps in current research. Critical disability theory is used throughout the thematic analysis to critically assess and interpret the current research (Brocco, 2024; Carr-Fanning, 2020). Table 1 below outlines the discovered themes and the sub-themes.

**Table 1***Summary of Themes*

<b>Theme</b>	<b>Topic</b>
Theme 1	Intrapersonal Impacts
Subtheme 1a	<i>A Childhood of Rejection and Shame</i>
Subtheme 1b	<i>Flawed Self-Conceptualization</i>
Subtheme 1c	<i>Camouflaging and Masking</i>
Theme 2	Interpersonal Impacts
Subtheme 2a	<i>Other's Perceptions</i>
Subtheme 2b	<i>Relationship Difficulties</i>
Theme 3	Interacting Variables of Shame
Subtheme 3a	<i>Gender Expectations and Performance</i>
Subtheme 3b	<i>Motherhood</i>
Subtheme 3c	<i>Sex and Sexuality</i>
Subtheme 3d	<i>Sociocultural Challenges</i>
Theme 4	Shifts in Shame
Subtheme 4a	<i>Empowering Experience of Diagnosis</i>
Subtheme 4b	<i>ADHD Stigma</i>
Theme 5	Cultural Characteristics

**Theme 1: Intrapersonal Impacts**

This theme discusses the intrapersonal manifestations and impacts of chronic shame on women with late-diagnosed ADHD. Particularly, it focuses on the internal dialogue and self-view that isolates girls and women and perpetuates inauthenticity and masking. As previously stated, chronically feeling shame and having thoughts or beliefs rooted in shame is a difficult and painful experience that is inherently isolating and disconnecting from others (Brown, 2006). Research states that shame in women with undiagnosed ADHD is a familiar and embodied feeling in response to repeated failures and struggles within the multiple intersecting cultural roles throughout their development (Attoe & Climie, 2023; Vincenti et al., 2024). To fully understand just how shame shows up for women with undiagnosed ADHD and shapes the self-view and well-being of women, the studies provide insight on the internal self-talk and pain they experienced. The theme of intrapersonal impacts is divided into three subthemes: a childhood of rejection and shame, flawed self-conceptualization, and camouflaging and masking.

***Subtheme 1a: A Childhood of Rejection and Shame***

The research stated that shame can appear in early developmental years for women with undiagnosed ADHD, giving insight as to how and when shame starts shows up for this population and how it impacts them (Attoe & Climie, 2023; Armijo, 2024; Babinski & Libsack, 2025; Cheesman, 2019; Craddock, 2024; Holthe & Langvik, 2017; Karpiuk, 2024; Morgan, 2024; Mylett, 2020; Pawaskar et al., 2020; Stenner et al., 2019; Vincenti et al., 2023; Visser et

al., 2024; Wallin et al., 2022; Young et al., 2020). Nearly all the studies included in this review found low self-esteem, negative self-image, a sense of inadequacy or brokenness, shame, and guilt to be common since childhood for women with late-diagnosed ADHD. As well as a childhood marked by self-hatred and difficult family dynamics. The combination of ADHD symptomology and years of rejection by others due to their symptomology resulted in a negative view of self for many women. More specifically, the devastation of not being able to meet the standards placed by society and receiving messaging that made them feel inadequate and ‘different’ from others was monumental in the creation and maintenance of a negative self-view (Attoe & Climie, 2023; Stenner et al., 2019; Wallin et al., 2022). For many, the shame and rejection caused them to turn inward as they did not want others to see their struggle or perceive their ‘inadequacies’ (Armijo, 2024; Holthe & Langvik, 2017). Many reported intentionally adopting certain ways of being or masking to fit in, such as refraining from speaking and finding nondisruptive ways to fidget or move (Morgan, 2024). When they were not masking, the women reported being shamed for being disruptive or for stimming as children and adolescents; in other words, they learned that it was wrong to be authentically themselves and internalized this (Mylett, 2020). The research emphasizes the negative impact of a childhood of prolonged misunderstanding, self-blaming, and misattributing ADHD symptomology to purposeful and socially undesirable behaviour.

### ***Subtheme 1b: Flawed Self-Conceptualization***

The sociocultural context and external feedback from the adults in their lives led to some girls with undiagnosed ADHD constantly feeling shame and adopting the belief that they were flawed in some way to make sense of this feedback (Attoe & Climie, 2023; Karpiuk, 2024; Visser et al., 2024; Vincenti et al., 2023; Nordby et al., 2023; Wallin et al., 2022). Within this

sub-theme, the research stated that the women commonly reported having a flawed self-conceptualization due to their perceived differences from their peers, thus leading them to opt for self-blaming as they felt that everyone around them was blaming them already. When children are unable to make sense of a feeling and adults are not providing them with accurate information about their reality, it is common for children to assume that their negative experiences, such as being reprimanded for stimming, are solely their fault (Carr-Fanning, 2020). Rather, it is the fault of dominant societal systems for not being accepting of nor curious about perceived differences and for oppressing such individuals out of fear of those differences, as highlighted by critical disability theory (Brocco, 2024; Carr-Fanning, 2020). As such, chronic feelings of shame and guilt for undesirable behaviours have led to many women growing up attributing their experience to a character flaw and blaming themselves for not fitting into society (Attoe & Climie, 2023; Karpiuk, 2024; Morgan, 2024; Visser et al., 2024; Vincenti et al., 2023; Nordby et al., 2023; Wallin et al., 2022).

For example, many women in one study reported feeling misunderstood, experiencing bullying, and hating themselves since they were kids, which led to the eventual development of other mental health issues such as depression due to the distress and dysfunction this chronic shame caused them (Morgan, 2024). Another study found that the women were hard on themselves for not meeting the high expectations placed by society while they were growing up because they felt that others were hard on them (Holthe et al., 2017). Over time, they internalized the feedback, which morphed into negative self-talk and self-perception at a young age with thoughts like 'I am lazy', 'I am not able', 'I am bad', and 'I am not good enough'. Such self-conceptualizations seemed to have followed some women well into adulthood without clarity for why they felt different and why they were treated differently. Not being diagnosed with ADHD

until adulthood left many of the women traumatized and overwhelmed with painful childhood memories, something that could have been avoided if practitioners and parents were aware of ADHD presentation in girls.

### ***Subtheme 1c: Camouflaging and Masking***

With the presence of external and internal shaming, the girls and women with undiagnosed ADHD seemed to shape themselves to ‘fit in’ when they were around others who were not accepting of their behaviours (Mylett, 2020; Vincenti et al., 2023; Wallin et al., 2022). This has been identified as a protective mechanism referred to as masking or camouflaging. Not only has masking has been discussed as another possible reason for why ADHD in females is overlooked or misdiagnosed, but it has been found by some researchers to be a contributor to feelings of shame (Mylett, 2020; Wallin et al., 2022). A study found that 91.6% of the participants in the study reported camouflaging or masking parts of themselves when around others to meet social expectations (Mylett, 2020). These ‘parts’ they tried to hide were often behavioural or emotional ‘symptoms’ of neurodivergence that when performed publicly, appeared to others to be done on purpose and disruptive (Vincenti et al., 2023). Some behaviours researchers noted as commonly being masked were constant moving, stimming, impulsivity, and emotional dysregulation. The goal of intentionally changing their ADHD behaviour was reported by some women as a way to not appear as ‘too much’; an exhausting inner suppression motivated by feeling ashamed of themselves (Wallin et al., 2022). Furthermore, successful masking also fostered feelings of shame as they learned that they were better accepted when their genuine self was hidden (Mylett, 2020; Visser et al., 2024). The researchers emphasized that masking was not the individual’s fault, but rather a survival technique adopted by the individual

to navigate a system that was generally unbelieving and non-supporting of their differences (Craddock, 2024; Vincenti et al., 2023). As supported by critical disability theory, discriminatory and ableist perspectives from society towards women with ADHD presentations elicited a shame response for some women, thus encouraging them to change who they were in the presence of others and making ADHD less likely to be detected among women (Brocco, 2024; Mylett, 2020; Vincenti et al., 2023; Visser et al., 2024).

The literature findings state that shame was not only common for women with late-diagnosed ADHD, but a familiar feeling that followed them from childhood into adulthood, resulting in masking and low self-esteem. Through a critical disability theory lens, the link between shame and female ADHD was due to a lifetime of rejection and judgment from neurotypical individuals for ADHD-related, non-normative behaviours (Brocco, 2024). As mentioned in Chapter Two, the studies lacked proper diversity within their samples, making it difficult to make conclusions about shame, low self-worth, and masking in females with ADHD who are of different cultural backgrounds (Babinski & Libsack, 2025; Karpiuk, 2024; Morgan, 2024, Nordby, et al., 2023; Pawaskar et al., 2020; Visser et al., 2024; Wallin et al., 2022; Young et al., 2020). Moreover, for many of the studies, while the sample sizes were small, the data were more nuanced and richer based on the qualitative nature of the studies, thus highlighting a strength of many of the studies (Karpiuk, 2024; Morgan, 2024; Nordby et al., 2023; Visser et al., 2024; Wallin et al., 2022). Although a noted gap was that the majority of the studies within the current literature on late-diagnosed ADHD in women were qualitative studies, which can interfere with the generalizability of the findings and the reliable application of the findings to other populations, situations, or contexts (Creswell & Creswell, 2018). Overall, the research lacked thorough exploration of the relationship between shame and late-diagnosed ADHD in

women with culturally diverse backgrounds and primarily utilized small sample sizes and qualitative approaches.

## **Theme 2: Interpersonal Impacts**

The interpersonal relationships of the women with adult ADHD, such as familial and romantic relationships, had a significant impact on how the women came to view themselves throughout their life trajectories (Attoe & Climie, 2023; Babinski & Libsack, 2025; Morgan, 2024; Visser et al., 2024; Vincenti et al., 2023; Young et al., 2020). As highlighted by critical disability theory, judgements on ‘abnormal’ behaviours do not exist within a vacuum, but rather require that the individual interact and connect with other humans to inform the individual that their way of being is different and therefore ‘wrong’ (Brocco, 2024; Carr-Fanning, 2020). The Interpersonal Impacts theme is closely linked with the Intrapersonal Impacts theme as the women are often internalizing what is being said to them by others and adopting it as their own self-talk and self-view (Holthe et al., 2017; Morgan, 2024). As such, the perceptions and opinions of others and of dominant society have strong implications for women with ADHD and their self-perception as suggested by critical disability theory (Brocco, 2024; Carr-Fanning, 2020). The themes found within the interpersonal realm of the research outlined the constant battle of facing others’ judgements and perceptions, a difficulty managing relationships, and experiencing bullying and oppression, which ultimately contributed to a negative view of self in women with late diagnosed ADHD (Young et al., 2020). The following subthemes examine the

impact of others' perceptions, relationship difficulties, discrimination and bullying on women with late-diagnosed ADHD.

### ***Subtheme 2a: Other's Perceptions***

External judgments and perceptions contributed significantly to feelings of shame for some girls and women with undiagnosed ADHD and shaped their self-esteem as they interacted with the world (Attoe & Climie, 2023; Babinski & Libsack, 2025; Morgan, 2024; Visser et al., 2024; Vincenti et al., 2023; Young et al., 2020). Prior to receiving a diagnosis of ADHD and therefore an explanation for their 'unwanted' behaviours, many of the studies found that some women were told by others that their behaviours were assumed to be done by choice. Some friends and family often blamed them for 'misbehaviour', such as being 'lazy', 'inconsiderate', or 'reckless' due to ADHD symptomology (Morgan, 2024). Moreover, it was not uncommon to find that some family members and friends did not believe the women when they disclosed their adult ADHD diagnosis, likely due to a lack of understanding of ADHD and how it manifests in women and girls (Attoe & Climie, 2023; Morgan, 2024; Visser et al., 2024). Interestingly, women were not the only ones who noticed and reported society's difficulty in believing them and their ADHD diagnosis. Some men in one study reported that, from their experience, women were more likely to be questioned and distrusted for their ADHD diagnosis compared to men (Visser et al., 2024). Alternatively, it could be said that the symptoms of ADHD themselves were what caused pain and isolation for undiagnosed women and not the perception of others. Although, reports from the research state that blaming and regular rejection by others turned into internalized shame and isolation for many of the women and increased their desire to engage in substances or risky sexual behaviours to manage their pain (Attoe & Climie, 2023; Babinski & Libsack, 2025; Morgan, 2024; Vincenti et al., 2023; Young et al., 2020). Based on the current

research and critical disability theory, it seems, chronic shame in women with adult-diagnosed ADHD seemed to be born out of how the people around them viewed and mis-conceptualized their behaviours (Brocco, 2024; Carr-Fanning, 2020).

Social discrimination and bullying from peers and family members were also common experiences for women late diagnosed with ADHD within the recent research (Attoe & Climie, 2023; Karpiuk, 2024; Morgan, 2024; Vincenti et al., 2023; Visser et al., 2024; Young et al., 2020). Many of the women were bullied in childhood and adolescence and were outsiders due to their differences (Attoe & Climie, 2023; Young et al., 2020). This perceived difference was seen within familial units as well, where the women felt they could not meet parents' expectations and felt that they did not belong within the family unit (Vincenti et al., 2023). Research found an overall lack of understanding from others, frequent discrimination, and unjust treatment towards the women (Karpiuk, 2024; Morgan, 2024; Vincenti et al., 2023). The women reported feeling that they were not accepted by those who did not understand them and thus struggled to accept themselves as a result. When considering the lens of critical disability theory, the research found that women with undiagnosed ADHD were likely to be discriminated against throughout their upbringing for behaviours that were deemed by dominant groups to be undesirable within their sociocultural context (Brocco, 2024; Carr-Fanning, 2020; Vincenti et al., 2023). After years of such messaging, the women came to internalize the messages into shame and self-hatred, disconnecting them from others and from themselves.

### ***Subtheme 2b: Relationship Difficulties***

The shame experienced by women with late-diagnosed ADHD seemed to be a part of a negative feedback loop in which they internalized other's judgments into feelings of shame, and this negatively impacted their relationships, further perpetuating feelings of shame and low self-

esteem (Attoe & Climie, 2023; Armijo, 2024; Holtsclaw, 2020; Morgan, 2024; Wallin et al., 2022; Young et al., 2020). Research highlighted that ADHD symptomology made it difficult to engage meaningfully in romantic and familial relationships. More specifically, the research found that the women struggled with communicating emotional needs and maintaining meaningful relationships. Due to difficulties with emotion regulation stemming from ADHD and the fear of losing control, the women kept their emotional world to themselves, leading to overwhelming outbursts and pushing partners away (Armijo, 2024). Moreover, chronic feelings of guilt and shame were reported by women who felt they were not accepted by their partners for being different and for having overwhelming feelings (Wallin et al., 2022). In one study, the participants reported that their partners often viewed them as not trustworthy or reliable and expressed anger and frustration toward their symptoms (Holtsclaw, 2020). In turn, the women reported difficulties accepting themselves and asking for help in fear of further judgment by their partners. Although, another study found that some of the women noted improvements in their relationships following their ADHD diagnosis, as it elicited understanding and empathy from loved ones, highlighting the potential for positive relational outcomes with the presence of ADHD symptomology (Morgan, 2024). In addition to close relationships, social interactions were also reported to be difficult due to a perceived lack of control over social responses. Some studies discussed difficulties with social cues and feeling awkward, blurting words, and social anxiety due to a fear of rejection (Attoe & Climie, 2023; Wallin et al., 2022). Repeated failed social interactions led many of the women to avoid relationships and connections altogether. Fearing the violation of societal norms and experiencing negative relational interactions made women with undiagnosed ADHD feel they were flawed in some way.

Due to a lack of cultural diversity of the samples, it is unclear whether such interpersonal experiences would be present for women of differing cultures nor if the impact on them would be the same. As consistent with critical disability theory, it is frowned upon to be different in Western culture, such as the case of ADHD behaviours or any other disability or disorder (Brocco, 2024; Car-Fanning, 2020). It is possible that in other cultures, ADHD symptomology is embraced and accepted by society rather than criticized and judged. More qualitative research should be done examining the interpersonal experience of women from diverse backgrounds, as the current literature on female ADHD and shame came from the reports of mainly white women (Attoe & Climie, 2023; Babinski & Libsack, 2025; Karpiuk, 2024; Morgan, 2024; Nordby et al., 2023; Pawaskar et al., 2020; Vincenti et al., 2023; Visser et al., 2024; Wallin et al., 2022). Additionally, the current research relied solely on self-reported data rather than on observational reports from those close to the women with ADHD, perhaps excluding important pieces of this population's social experience. While small sample sizes are also a study limitation, it can also be considered a strength in the literature as small sample sizes in the studies allowed for nuanced and in-depth narratives examining shame and low self-esteem in adult-diagnosed ADHD in women (Creswell & Creswell, 2018).

### **Theme 3: Interacting Variables of Shame**

This theme dives deeper into the impact of shame and how it can infiltrate the many roles of women who have lived with undiagnosed ADHD for most of their lives. More specifically, the findings highlighted the experience of shame or low self-esteem among women with ADHD as a layered and intersectional experience wherein the symptoms of ADHD go against gendered norms (Brown, 2006; Cheesman, 2024; Craddock, 2024, Holthe & Langvik, 2017; Mylett, 2020; Vincenti et al., 2023; Wallin et al., 2022). This layered experience further ostracized some

women from society and negatively impacted their self-view and well-being. Western culture places high demands on women to present themselves in a certain way to be viewed as a woman with value (Vincenti et al., 2023). Not only are women with undetected ADHD dealing with the feeling that they are intrinsically flawed or broken because of their perceived differences, but they must also face the patriarchal and impossible expectations of womanhood (Brown, 2006; Cheesman, 2024; Craddock, 2024, Holthe & Langvik, 2017; Mylett, 2020; Wallin et al., 2022). In addition, ADHD symptomology makes it difficult to achieve the socially constructed norms of Western society due to its ‘unfeminine’ nature (Holthe & Langvik, 2017; Mylett, 2020; Young et al., 2020). This section of the literature review discusses the interaction of late diagnosed ADHD with gender performance, motherhood, sex and sexuality, and sociocultural challenges and how each contributed to the neurodivergent women’s experiences of shame.

### ***Subtheme 3a: Gender Expectations and Performance***

Not being able to meet and perform neurotypical expectations as well as gender role expectations contributed to the layering of shame for women late diagnosed with ADHD. As discovered by the literature, the women stated that from their sociocultural and gendered experience, behaviours they did not know were untreated ADHD were seen by others as ‘not ladylike’ (Craddock, 2024; Holthe & Langvik, 2017; Mylett, 2020). For example, women with ADHD violated gender norms by being impulsive, disorganized, disruptive, and hyperactive; all behaviours that are deemed more socially acceptable when men or boys engage in them. In Western society, women are expected to carry a lot of responsibility and be docile and refined in their presentation. Women who have difficulty with this presentation due to their neurodivergence were likely to be judged and labelled for violating feminine norms of passiveness and conformity. As discussed previously, girls and women adopted masking

strategies to seem ‘normal’, thus granting them social safety and acceptance by ‘fitting in’ and properly ‘performing gender’ at times (Mylett, 2020; Vincenti et al., 2023; Wallin et al., 2022). Although the suppression of ADHD symptomology reportedly took significant effort and energy, quickly depleting women of their resources (Holthe & Langvik, 2017; Mylett, 2020). With the daily expenditure of their energy, women who masked their ADHD thus had less available energy to tend to tasks and responsibilities and were thus labelled as ‘lazy’ or ‘careless’ (Mylett, 2020). Consistent with critical disability theory, it seems that whether they masked their symptoms or not, women with undetected ADHD were criticized for underperforming as women due to dominant social constructions of gender and of neurotypical ‘ability’ (Brocco, 2024; Craddock, 2024).

### ***Subtheme 3b: Motherhood***

Motherhood is another role that perpetuated feelings of shame for women with late diagnosed ADHD, negatively impacting their well-being and self-esteem. Shame is often reported by cisgender women who are mothers due to high expectations placed on them by Western society (Cheesman, 2019; Holthe & Langvik, 2017; Vincenti et al., 2023; Young et al., 2020). Feelings of shame and a negative self-view seem to be exacerbated for women with late or undiagnosed ADHD when symptoms interfered with the execution of their role as mothers. ADHD symptoms that reportedly made motherhood difficult was forgetfulness, emotion regulation, and a difficulty initiating and staying on task. As outlined by one study, the women with ADHD reported that most of the household and childcare responsibilities fell onto them (Young et al., 2020). Trying to sustain all of these tasks were deemed an impossible standard that reportedly made some women feel that they were failing to fulfill their role effectively, thus making them feel that they had an inherent deficit or inadequacy. In another study, many of the

women with adult ADHD reported juggling household tasks, work roles, their well-being, interactional difficulties with their children, and managing relationships after having children (Cheesman, 2019). Trying to juggle all responsibilities significantly impacted their wellbeing, viewing themselves as failures and isolating themselves to conceal their shame related to ADHD symptomology. Based on another study, some women with ADHD decided to quit their jobs as maintaining both the mother and employee role was too challenging (Holthe & Langvik, 2017). Additionally, gender role expectations were harder to keep up with for the mothers with ADHD who struggled to maintain structure and found childcare and household tasks boring (Vincenti et al., 2023). Similarly, ADHD symptomology was also found to be more difficult to manage when the women's were children were around during chores as the kids required constant attention, draining their executive functioning abilities (Holthe & Langvik, 2017). The navigation of many stressors, expectations, and ADHD symptoms also made some of the women struggle with regulating their emotions when their children were emotionally dysregulated, which further increased feelings of shame (Holthe & Langvik, 2017; Vincenti et al., 2023). Some of the women expressed feeling worried about impacting their children negatively and were concerned about being seen as careless or inadequate mothers if others were to witness their disorganization and struggles. Moreover, some studies found that the women expressed feeling guilt and shame for passing ADHD onto their children knowing the difficulties and discrimination they will face (Babinski & Libsack, 2025; Holthe & Langvik, 2017; Vincenti et al., 2023). Whether diagnosed with ADHD or not, the research showed that ADHD symptomology interfered with the ability to execute parent responsibilities effectively. Mothers were thus prone to internalizing negative perceptions about themselves when they felt that they were not meeting gendered norms of parenthood.

### *Subtheme 3c: Sex and Sexuality*

Being a sexual or sexually active cisgender women with undiagnosed ADHD perpetuated feelings of shame and low self-esteem when they were not able to ‘perform’ this role in socially expected ways. Sex and sexuality are generally topics with undertones of shame and guilt for most women due to strong societal opinions on how women should engage in sex and interact with sexual partners (Leath et al., 2020). In addition to the chronic shame women with undiagnosed ADHD have reported, they have also reported shame around their differences in how they approach sex compared to others. More specifically, one study found that the women did not see sex as inherently shameful, but rather the reactions and judgements of other people elicited a shame response when others found out about their sexual behaviours (Wallin et al., 2022). Research found that women with ADHD reported differing from the norm in how they behaved sexually, how they expressed their emotions in relationships, and how they approached sex. For example, it is common for women with late-diagnosed ADHD to have multiple partners and to seek out sex frequently. As such, women reported having difficulty sharing their sexual history and getting tested for sexually transmitted diseases by healthcare practitioners for fear of being judged. Moreover, another contributor of shame was the interference of ADHD symptomology with relationships and sex as symptoms reportedly made it difficult to focus during sex. Overall, a negative self-image made it difficult for some of the women to feel comfortable in their sexuality due to judgement from others and rigid gendered norms around sex.

As the researchers noted, some of the women described feeling emotions intensely, including those of desire, which often initiated impulsive decisions such as frequent one-night stands or other self-harming behaviours (Wallin et al., 2022). Risky sexual behaviours were

reported to be more common among this population and contributed negatively to their self-view due to the social stigma and shame associated with ‘sexual women’ in Western society (Young et al., 2020). Additionally, when considering the sexual experiences of women with ADHD, a combination of risk-taking tendencies and low self-esteem was stated by the participants as increasing their vulnerability to sexual exploitation and harassment (Wallin et al., 2020). Some women reported being taken advantage of sexually at a young age due to expectations around pleasing men and chose not to express their feelings, preferences, or boundaries for fear of being seen in a negative light. These experiences were clear representations of the interplay between ADHD shame and the shame of female sexuality within a society that perpetuates unrealistic standards on neurodiverse women (Wallin et al., 2022). The findings support critical disability theory and the social subjectivity of what is ‘standard’ versus what is ‘disabled’ (Brocco, 2024; Carr-Fanning, 2020). As such, those who differ from the socially constructed sexual standard, such as women with adult ADHD, feel less worthy as a result of dominant and restrictive discourses on sex.

### ***Subtheme 3d: Sociocultural Challenges***

Sociocultural roles of being a student or employee also have norms and expectations that women with late-diagnosed ADHD were not always able to meet when symptoms were unmanaged, thus bringing about judgement from others and a shame response (Attoe & Climie, 2023; Holthe & Langvik, 2017; Karpiuk, 2024; Vincenti et al., 2023; Wallin et al., 2022; Young et al., 2020). ADHD symptoms can significantly impact women’s and girls’ ability to succeed academically and occupationally due to difficulty focusing (APA, 2022). Although, it is not clear whether girls and women who are undiagnosed struggle more with this kind of success compared to girls and women who are diagnosed early on (Vincenti et al., 2023). Nonetheless, consistent

perceived failures seemed to foster feelings of shame when the women with late diagnosed ADHD were not able to meet societal standards of executive functioning, intelligence, punctuality, and organization. More specifically, feelings of shame seemed to be exacerbated for some women when they were seen and witnessed failing in areas of work and school (Vincenti et al., 2023). This finding supports critical disability theory in that the distress and shame was born out of how others perceived the abilities of the girls and women, or lack thereof (Brocco, 2024).

Within education and work settings, researchers found a commonality of underachievement and difficulty due to standardized ways of learning and working that were not compatible with their individual ways of engaging with tasks (Attoe & Climie, 2023; Vincenti et al., 2023). It was common for women with late-diagnosed ADHD to report struggling with their memory (Karpiuk, 2024, Wallin et al., 2020), school demands and academic achievements (Attoe & Climie, 2023; Young et al., 2020), and time management (Holthe & Langvik, 2017). Procrastination was also a common symptom of ADHD and has been found to be partially accounted for by the relationship between emotional dysregulation and self-esteem (Bodalski et al., 2023). In other words, emotional dysregulation and low self-esteem were often seen in those who procrastinated tasks, putting them in a freeze state that made it challenging to be productive. This population often struggled in school due to the demands and transitions into grade advancement, eliciting overwhelm and perpetuating low self-esteem (Young et al., 2020). Transitions were particularly difficult and overwhelming for those with undiagnosed ADHD and many reported struggles throughout puberty in terms of socializing and academics. These difficulties highlighted the girls' perceived differences and constantly made them feel as though they were 'not good enough' (Attoe & Climie, 2023; Morgan, 2024). There were also reports of consistent issues within the workplace due to ADHD symptomology of forgetfulness,

disorganization, and inattention that interfered with their effectiveness and performance in the occupational space (Vincenti et al., 2023; Young et al., 2020). As such, the research stated that many women with undiagnosed ADHD often developed a negative self-view in trying and perhaps failing to meet standards that were placed on them by neurotypical groups.

Without an explanation as to why they struggled more than their peers, girls with undiagnosed ADHD were blamed for their struggles, only adding another layer of shame to the other areas of their lives they felt they were failing at (Karpiuk, 2024). Women in some studies reported constantly being questioned about whether they were trying and were regularly criticized by family and educators for being ‘lazy’ (Holthe & Langvik, 2017; Pyszkowska et al., 2025). Daydreaming was a reported symptom that led to superiors claiming the girls were lacking effort, to which they often believed and internalized. Moreover, such assumptions were hard to deny as regular daydreaming interfered with their ability to focus on school or work, thus impacting their grades and work output. When viewing these findings within the context of critical disability theory, the findings support that these girls and women were set up to fail by systems that were not accommodating to neurodivergence (Brocco, 2024; Carr-Fanning, 2020). While the people around them perceived it as such, the difficulties reported by women with ADHD were not due to their inadequacies or lack of effort, but due to a different way working that was outside of the neurotypical norm.

Culture can be significantly informative on how individuals view and form identities such as being a woman, a mother, a student, or a sexual being (Brown, 2006). While the relevant literature is detailed in the cultural experience of undiagnosed ADHD and its contribution to shame experiences, such stories are those of white, cisgender women with little variation in terms of ethnicity and sexuality (Attoe & Climie, 2023; Babinski & Libsack, 2025; Karpiuk,

2024; Morgan, 2024; Nordby et al., 2023; Pawaskar et al., 2020; Vincenti et al., 2023; Visser et al., 2024; Wallin et al., 2022). The experiences reported above could be considerably different depending on the cultural context in which the women are shaped or surrounded by. Additionally, self-reporting was the method in which the researchers collected the data, perhaps interfering with the results due to the fallibility of long-term memory and biases (Attoe & Climie, 2023; Babinski & Libsack, 2025; Karpiuk, 2024; Morgan, 2024; Nordby et al., 2023; Pawaskar et al., 2020; Rosenman et al., 2013; Vincenti et al., 2023; Visser et al., 2024; Wallin et al., 2022). In addition to more diverse samples, research including the reports of external observers or professionals is needed to add to the reports from neurodivergent individuals. For example, researchers could organize discussion groups and collect the knowledge and experience of ADHD professionals to add to the literature (Young et al., 2020). Qualitative research with cultural and ethnic diversity from both an observer standpoint and a self-report standpoint is recommended for future research on this topic.

#### **Theme 4: Shifts in Shame**

While the literature has found that many women undiagnosed with ADHD struggled with their self-esteem for decades, such self-perceptions shifted for some women with the introduction of a diagnosis, treatment, and resources in adulthood (Attoe & Climie, 2023; Babinski & Libsack, 2025; Morgan, 2024; Nordby et al., 2023; Rouffaer, 2024; Visser et al., 2024). This section explores how receiving an ADHD diagnosis in adulthood can help reimagine and rewrite chronic feelings of shame for some women, ultimately improving their well-being, their relationships, and a sense of belonging. While a diagnosis from the DSM-5-TR (APA, 2022) can be freeing, validating, and informative (Carr-Fanning, 2020), a diagnosis of ADHD can also uphold societal ideas of disability, stigma, and oppression (Brocco, 2024). As such,

some women reported an increase in shame following their ADHD diagnosis in adulthood, mainly due to the stigma around it and the fear of being judged (Babinski & Libsack, 2025). Although, the majority of women who had spent their entire lives wondering why they felt so different from others were mostly relieved to know that there was an explanation that could hold their shame for them, redirecting decades of self-blame (Attoe & Climie, 2023; Babinski & Libsack, 2025; Morgan, 2024; Nordby et al., 2023; Rouffaer, 2024; Visser et al., 2024). The first subtheme explored the feelings of relief that often followed an ADHD diagnosis, feelings of compassion and self-understanding that came thereafter, possible amplifications of shame through self-stigmatizing, and newfound ways of rewriting their story following the diagnosis.

#### ***Subtheme 4a: Empowering Experience of Diagnosis***

This subtheme highlights that while shame and low self-esteem were common for women who were late diagnosed with ADHD, it is possible to alleviate feelings of shame with the help of a diagnosis and accessible supports. A large majority of the studies in this review reported on the relief the women found following an ADHD diagnosis in adulthood (Attoe & Climie, 2023; Babinski & Libsack, 2025; Morgan, 2024; Nordby et al., 2023; Rouffaer, 2024; Visser et al., 2024). More specifically, the diagnosis provided validation, insights on coping and treatment, better social support, and increased self-compassion (Babinski & Libsack, 2025). The women in one study reported that a diagnosis was a relief and empowering as it provided an explanation for their felt otherness (Morgan, 2024). Similarly, there was an alleviation in self-blame for many as they were able to associate their years of difficulty and distress with an uncontrollable ‘disorder’ rather than to themselves (Attoe & Climie, 2023; Babinski & Libsack, 2025; Morgan, 2024; Vincenti et al., 2023; Visser et al., 2024). Some women sought out their own answers and used social media as a way to make sense of their distress when a diagnosis or assessment was not

available to them (Rouffaer, 2024). Although, it is important to note that while seeking a diagnosis can be long, expensive, and inaccessible for many (Karpiuk, 2024), social media is not considered a reliable source to self-diagnosis and can cause harm through misinformation and stigma (Rouffaer, 2024). For some women, not having answers and explanations on their mental health difficulties seemed to be more detrimental to their sense of self compared to self-diagnosing with the internet (Craddock, 2024; Rouffaer, 2024). Similarly, an ADHD diagnosis initially caused some of the participants in one study to question their identity and elicited questions about which parts of them were the disorder (Karpiuk, 2024). In contrast, another study discovered that receiving an ADHD diagnosis reportedly helped the women gain a better understanding of themselves and their emotional and behavioural presentation, thus helping them to minimize risky or harmful sexual behaviours (Wallin et al., 2022). Overall, the literature found that a diagnosis allowed for some of the women to gain understanding on their symptoms and neurodivergence and could thus attribute it to an external cause rather than to their character (Armijo, 2024; Holthe & Langvik, 2017; Holtsclaw, 2020; Karpiuk, 2024; Nordby et al., 2023; Rouffaer, 2024; Stenner et al., 2019; Wallin et al., 2022). In embracing the diagnosis, the women could start to differentiate themselves from their behaviours, bringing forth a more positive self-esteem.

In addition to the relief and external validation following their ADHD diagnosis in adulthood, some women also found a greater capacity for self-compassion and self-acceptance, which were antidotes to the shame (Attoe & Climie, 2023; Babinski & Libsack, 2025; Karpiuk, 2024; Nordby et al., 2023; Visser et al., 2024). Not only was there a new-found self-acceptance for the women, but a general acceptance from the ADHD community when they learned of their ADHD membership (Holtsclaw, 2020). For some women, they felt they needed to seek out self-

acceptance to improve their well-being, which led some to self-diagnose and thus associate their ‘socially undesirable’ behaviour to ADHD rather than their worth (Rouffaer, 2024; Stenner et al., 2019). As stated previously, while self-diagnosing oneself with ADHD can aid with feelings of belonging and reduce shame, it can be harmful to identify with a diagnosis that people continue to stigmatize and criticize. Overall, for many women in the research, normalizing their experience and seeking a diagnosis reconstructed shame into self-compassion and self-acceptance (Attoe & Climie, 2023; Babinski & Libsack, 2025; Morgan, 2024; Nordby et al., 2023; Rouffaer, 2024; Visser et al., 2024).

#### ***Subtheme 4b: ADHD Stigma***

In contrast, the research found that feelings of shame amplified for some women when they received an ADHD diagnosis in adulthood, suggesting that for some women, a diagnosis was not always the best option in improving their well-being and self-esteem. While Babinski and Libsack (2025) found that 64% of the participants reported a positive impact on their lives following an ADHD diagnosis, 29% said they were not sure if it changed their lives, and 7% reported that the diagnosis had a negative impact on their self-esteem and increased their self-doubt. A decrease in self-esteem was reportedly due to internalized ADHD stigma and a fear of external judgment of the label. In the Holtsclaw (2020) study, some of the women felt isolated, disabled, and stigmatized following their ADHD diagnosis in adulthood, contributing to feelings of inadequacy and shame. Babinski and Libsack’s (2025) study highlighted that shame can be present both before and after receiving an ADHD diagnosis in adulthood and that relief and self-compassion are not always guaranteed outcomes.

Within Western society, the stigma towards ADHD has been exacerbated with an increase in public disbelief of the disorder, as well as misrepresentation and misconceptions of ADHD in

the media, often labelling it as a mere lack of self-control (Holthe & Langvik, 2017). It is important to consider that ADHD is diagnosed by self-report and behavioural observation, not with a concrete behavioural or neurological measure, which can elicit skepticism from others about the legitimacy of the diagnosis. As such, some who struggled with the label intentionally chose not to reveal their diagnosis to others as they feared judgement and biased perceptions. A small portion of the women were in denial of their diagnosis and reported adopting ‘internalized ableism’ in which they did not attribute their struggles with the diagnosis but rather with themselves, thus perpetuating feelings of shame (Morgan, 2024). This was further enhanced by friends and family who did not believe their ADHD diagnosis.

In contrast, Stenner et al. (2019) found that the women’s perceived stigma around ADHD dissipated once they learned about the reality of the diagnosis rather than relying on stereotypes and misinformation to inform their view. Studies such as Rouffaer’s (2024) found that some of the women had social circles and communities that normalized neurodivergence and encouraged them to seek out a diagnosis of ADHD, emphasizing the variability in shame responses depending on one’s sociocultural environment. As suggested by Honkasilta (2016) and Rouffaer (2024), a label of ADHD presented the opportunity to be socially accepted and understood for some. Normalization and an accepting community were powerful in combating otherness and feelings of shame in women with late diagnosed ADHD. The research demonstrates that it is the external perspectives and opinions that can create and contribute to the feelings of shame for women with late-diagnosed ADHD. Although such shame experiences can be counteracted when the people they are surrounded by accept them and their differences. Such statements emphasize the importance of critical disability theory highlighted by Car-Fanning (2020) and Brocco

(2024), and the power of social constructions of disability that can have a significant impact on individuals and their community.

Once again, the findings on the emotional responses to an adult ADHD diagnosis and alleviation or perpetuation of shame are based mainly on the stories of white, heteronormative, cisgender women. This emphasizes the gap in the research in which shame and late diagnosed ADHD in ethnically diverse women is understudied (Attoe & Climie, 2023; Babinski & Libsack, 2025; Karpiuk, 2024; Morgan, 2024; Nordby et al., 2023; Vincenti et al., 2023; Visser et al., 2024; Wallin et al., 2022). The results highlighted a change and lightening of chronic shame for these women, but it is undetermined whether women from differing cultures would view disability in the same way. Moreover, such samples were not only limited in diversity but limited in size, identifying another gap in the literature (Babinski & Libsack, 2025; Karpiuk, 2024; Morgan, 2024; Nordby et al., 2023; Visser et al., 2024; Wallin et al., 2022), reducing the applicability of the findings to the rest of the population (Creswell & Creswell, 2018). More research is needed to examine the shifts in feelings of shame for women following a diagnosis of ADHD. Such research could aid in gaining a clearer picture on whether practitioners should consider providing or advocating for a diagnosis for women that present with chronic shame and female-specific ADHD symptomology.

The collection of the data through self-reports can be considered a strength in the research in that it obtained firsthand accounts of the experience of stigma rather than the observation of it (Attoe & Climie, 2023; Babinski & Libsack, 2025; Karpiuk, 2024; Morgan, 2024; Nordby et al., 2023; Rosenman et al., 2013; Vincenti et al., 2023; Visser et al., 2024; Wallin et al., 2022). More specifically, it is the women's experience or perception of the ADHD stigma that determined the impact it has on them (Rosenman et al., 2013). While future research

would benefit from observational reports as done in one study (Young et al., 2020), research should continue to integrate self-reported data to ensure that the experiences of shame come directly from the late-diagnosed women themselves.

### **Theme 5: Cultural Characteristics**

This theme explores the idea that the shame reported by women with late diagnosed ADHD is culturally rooted and highlights that shame experienced by girls and women with ADHD may not be a universal experience. Firstly, the current research on the self-esteem of women with ADHD were mainly from samples of white women and generally lacked in-depth narratives from women of ethnically or sexually diverse communities (Babinski & Libsack, 2025; Karpiuk, 2024; Morgan, 2024, Nordby, et al., 2023; Pawaskar et al., 2020; Visser et al., 2024; Wallin et al., 2022; Young et al., 2020). The absence of the voices of diverse women within the exploration how shame manifested itself in women late-diagnosed ADHD shows that a comprehensive understanding of adult, female ADHD is not yet fully developed and is lacking cultural nuance. For instance, one study found that their small sample of African American women with late diagnosed ADHD refrained from revealing their ADHD diagnosis within the university setting for fear of not only being discriminated for the colour of their skin and their gender, but for their perceived disability, too (Anderson-Elahi, 2022). Secondly, it is also worth noting that different cultures might have different conceptualizations of the behaviours and presentation of ADHD symptomology in girls and women. Their societal context may be more accepting of forgetfulness and inattention, for example, therefore eliminating or lessening feelings of shame in women who frequently experience such ADHD symptoms. The analysis of the literature demonstrates that shame shows up within multiple areas of the women's lives, but

that current research fails to explore how and in what ways ethnicity and sexual minorities with undiagnosed ADHD are impacted by this phenomenon.

*Subtheme 5a: Shame in Response to Dominant Cultural Discourses*

Chronic feelings of shame in women with undiagnosed ADHD may be due to the sociocultural context in which the women live and may be a different experience for those with ADHD symptomology within a non-Western sociocultural context. As the paper is framed in the context of critical disability theory, all the themes discussed in this chapter were rooted in dominant discourses about what it means to be a ‘normal’ human and woman, and the ways in which women with undiagnosed ADHD were unable to meet these expectations (Brocco, 2024; Carr-Fanning, 2020). Feelings of shame among women with undiagnosed ADHD were common and often given an anxiety or depression label (Attoe & Climie, 2023; Brown, 2006; Morgan, 2024; Vincenti et al., 2023; Young et al., 2020). This puts the blame and responsibility on women to find answers and explanations for why they feel they do not fit in. Experiencing shame in response to not being accepted by others is not disordered, but rather a reasonable response to constant messaging that they were not fitting into socially constructed and narrow ideas of being a neurotypical woman (Brocco, 2024; Carr-Fanning, 2020).

Distress does not simply come from deviating from societal expectations, but from the existence of the expectations themselves (Brocco, 2024; Carr-Fanning, 2020). If dominant discourses about ability and perceived worth did not exist, women with neurodivergence would likely not experience chronic shame over how they act and present, how they emote, how they look, how they parent, how they have sex, or how they exist. ADHD is a disorder within the DSM-5-TR (APA, 2017), but only because society pathologized what is abnormal or disabled rather than what is simply different from the majority (Brocco, 2024). ADHD is considered a

disability because women with ADHD cannot function to a degree of well-being within the system that oppresses them. Whether labelled or not, distress and dysfunction are happening for women with undiagnosed ADHD because their way of being is not what people expect from women, mothers, students, and so on, and are thus othered and pathologized. The literature findings show how a diagnosis is helpful, but only because it exists within the Western cultural context that created and pathologized the label in the first place. Diagnosis perpetuated the construct of disability and of othering while also liberating women from decades of believing that there was something inherently wrong with them (Attoe & Climie, 2023; Babinski & Libsack, 2025; Morgan, 2024; Nordby et al., 2023; Rouffaer, 2024; Visser et al., 2024).

From the literature discussed, it appears that within a majority white, heteronormative, cisgender, female population, shame in relation to undiagnosed ADHD is familiar, complex, and layered (Attoe & Climie, 2023; Babinski & Libsack, 2025; Karpiuk, 2024; Morgan, 2024; Nordby et al., 2023; Vincenti et al., 2023; Visser et al., 2024; Wallin et al., 2022). Research supported that shame is an internal and isolating experience that is brought upon by the interpersonal judgements and oppression of others. Moreover, shame for women with adult-diagnosed ADHD is multilayered, infiltrating the various roles and stemming from unrealistic standards set by dominant discourses of patriarchal and neurotypical ideals. Lastly, shame can be rewritten into self-compassion, self-acceptance, and relief for some women when they are given an ADHD diagnosis to explain a lifetime of feeling different. In terms of the gaps identified, due to the qualitative nature of the topic, small sample sizes and a lack of sample diversity mean the findings are not generalizable but do remain informative and beneficial to the lives and experiences of women who go undiagnosed for decades. Based on the findings and the methodological limitations and gaps identified, narratives from various ethnicities and cultures

and studies with observational reports and self-reports would add valuable insight to the experiences of shame in women with late-diagnosed ADHD and contribute greatly to the research on ADHD in women as a whole.

### **Ethical Considerations**

To ensure the ethical integrity of the research in this review, this section comprises a thorough analysis of the core articles included in the paper. To ensure an analysis rooted in relevant ethical bodies that guide both clinical and research psychology in Canada, the following guidelines were referenced throughout: the Canadian Code of Ethics for Psychologists by the Canadian Psychological Association (CPA, 2017) as well as the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans by the Canadian Institutes of Health Research [CIHR], Natural Sciences and Engineering Research Council of Canada [NSERC], & Social Sciences and Humanities Research Council of Canada [SSHRC] (CIHR, NSERC, & SSHRC, 2018). Informed consent and the right to withdraw consent will first be explored, followed by confidentiality, debriefing, conflict of interest and bias, safety, and ethics in clinical practice.

#### **Informed Consent and Withdrawal**

Informed consent is an important component of both therapy and research as stated in Principle I: Respect for the Dignity of Persons and People (CPA, 2017) and The Consent Process in the Tri-Council Policy Statement (CIHR, NSERC, & SSHRC, 2018). Informed consent is vital in providing all the information possible to participants and clients to empower them to make an informed decision on how and whether they want to move forward (CPA, 2017). Babinski and Libsack (2025), Visser et al. (2024), and Wallin et al. (2022) mentioned informed consent in their study. They mentioned that the participants signed the informed consent once the researchers

confirmed that they met the inclusion criteria and the women were open to going forward with the interviews. In the study of Young et al. (2020), informed consent was not mentioned for the professionals who participated in the study. While the participants were not sharing their own experiences with ADHD, they were still participants of a study sharing information about others' experiences, warranting intentionality with informed consent.

Withdrawing consent was also mentioned and is the process by which participants and clients are given the opportunity and the power to discontinue their participation at any time, highlighting the autonomy participants and clients are ethically granted (CPA, 2017). In Morgan's (2024) study, the researcher noted that there were many opportunities throughout the interviews for participants to withdraw from the interview or the study, as much of what was discussed could be considered distressing for participants to share.

### **Privacy and Confidentiality**

Privacy and confidentiality were also an important ethical consideration discussed in some of the studies. Both privacy and confidentiality are highlighted in CPA's (2017) Principle I: Respect for the Dignity of Persons and People and in the Tri-Council Policy Statement (CIHR, NSERC, & SSHRC, 2018). To ensure the privacy and confidentiality of the participants, Pawaskar et al. (2020) were careful to de-identify the data collected by not including names or identifiable information. In the study by Babinski and Libsack (2025), the researchers discussed confidentiality with participants on Zoom prior to recording and the participants were given the option to change their name presentation to keep their identity anonymous. In the Wallin et al. (2022) study, the participants in the focus group were not required to use the video feature on Zoom and were given the option to remain anonymous from each other in the interview. There were also measures taken by the researchers so that only the invited participants could join the

Zoom meeting. Pseudonyms were chosen by the participants in Karpiuk's (2024) study to protect their identities. Although, it is important to note that while the researcher presented each participant using pseudonyms in the results, Karpiuk (2024) allotted a section in their study to describe each woman, such as physical features and personality traits, potentially using information that could be deemed identifiable. A description of each participant humanizes the women in the study, but it could be a breach of privacy and confidentiality as a reader could recognize the information given. Moreover, the Young et al. (2020) study did not confirm the limits to which professionals could share information pertaining to their clients. While discussions of the privacy and confidentiality of the studies were not commonly noted within the current literature, there seemed to be intentional measures taken within the studies that did mention privacy and confidentiality to maintain these ethical practices.

### **Debriefing**

While there was no noted deception in the studies, debriefing was done in some of the studies to establish trust transparency. The act of debriefing is included in both Principles I and II of the CPA (2017) and the Tri-Council (2018). Debriefing ensures that participants are fully informed of the data and given the opportunity to rescind their consent prior to including their data in the research (CIHR, NSERC, & SSHRC, 2022; CPA, 2017). At the end of the interviews, Morgan (2024) asked the women how they felt about the interview and discussed the interview with the women. Moreover, the researcher provided a list of resources for the women to access if they required them. In their psychoeducational module given to the participants, Nordby et al. (2023) included informational videos as well as text and audio guidance on self-compassion and self-acceptance strategies they could try. In contrast, Wallin et al. (2022) and Babinski and Libsack (2025) did not mention providing resources or debriefing for the participants. As Wallin

et al. (2022) mentioned, some of the participants did not participate in the focus group due to reported difficulty talking about both their ADHD and sex history, opting for individual interviews instead. Due to the distressing and vulnerable nature of the interviews for the women with late-diagnosed ADHD, it would have been ethical for the researchers to offer support to the women to counteract the possibility of harm.

### **Conflict of Interest and Bias**

Researchers and therapists are encouraged to avoid a conflict of interest by both the CPA's (2017) Principle III: Integrity in Relationships and the Tri-Counsel's (2018) Conflicts of Interest. A conflict of interest can arise in situations in which the interests and benefit of one party is put above another's. Due to the position of power held by researchers and therapists, they must be intentional about addressing the possibility of a conflict of interest to avoid harm done to participants or to the public (CIHR, NSERC, & SSHRC, 2018; CPA, 2017). Morgan (2024) explicitly stated that the students interviewed in their study were not students of the researcher, which avoided a conflict of interest and bias while collecting and analyzing the data. Moreover, the researcher who conducted the interviews was the same as the researcher who conducted the thematic analysis in the study, notifying the readers of the potential for bias within the research. This potential bias was reportedly addressed through regular journaling for position reflexivity and for making decisions about the methodology of the study. Nordby et al. (2023) intentionally addressed bias as well by consistently revisiting the data following theme generation to test whether there was accuracy across the participants' contributions and to ensure

consistency among the researcher's interpretations. Attoe and Climie (2023) also touched on researcher bias and positionality within their systematic review and the potential of bias in the final results as the researchers are required to interpret as well as collect data in qualitative research. Furthermore, the researchers used the Preferred Reporting Items for Systematic Reviews and Meta-Analyses flow diagram to aid the researchers in undergoing an unbiased study selection for their review. Overall, some of the core studies mentioned or discussed the potential for bias in their study.

## **Safety**

As per CPA's (2017) Principle II and the Tri-Counsel's (2018) statements related to Qualitative Research, being aware of and mitigating the power dynamic within qualitative research is vital in avoiding harm done to clients and participants and for maintaining a safe, therapeutic relationship (CIHR, NSERC, & SSHRC, 2018). Two studies in particular were intentional about creating safety by giving participants autonomy and empowerment within their studies. Wallin et al. (2022) fostered a safe environment by allowing women to choose the time and place for their interviews, helping the women feel comfortable speaking about their experiences. Small focus group discussions of 3-5 participants were intentional in Visser et al.'s (2024) study to allow for in-depth conversations and to ensure a safe environment in which the women could share their experiences on ADHD stigma and low self-esteem. A small group and an interviewer close in age with the participants aided in dissipating the power dynamic between the participants and the researchers. As such, safety and the balancing of power was intentional in some of the studies and thus should be considered in future research on the experiences of women with late-diagnosed ADHD.

## **Ethics in Interventions**

There are ethical implications when considering the therapeutic treatment of women late diagnosed with ADHD. Firstly, clinicians must take into consideration the risks associated with this population as per CPA's (2017) Principle II: Responsible Caring, to avoid harming clients and maximizing benefit. Women with ADHD have reported that chronic feelings of unpredictability, a felt sense of lacking control over oneself and others, and a fear of breaking social norms all contribute to the development of mental health problems (Attoe & Climie, 2023). As such, suicidal ideation (Vincenti et al., 2023) and self-harm (Skoglund et al., 2024) are also common among this population due to being made to feel ashamed for unexplained ADHD symptomology assumed to be done by choice (Vincenti et al., 2023), as well as the pain and exhaustion of constantly having to mask to blend in (Visser et al., 2024). Individuals with ADHD have also been found to be impulsive and more likely to put themselves at risk in cases of suicidality or self-harm, such as risky sexual behaviours, drinking and driving, or disordered eating (Skoglund et al., 2024; Vincenti et al., 2023; Wallin et al., 2022). Psychoeducation about risks and ADHD impulsivity should be considered in treatment as well as a focus on bringing in safety planning and shame-resilience interventions (Brown, 2006) and consistent screening for suicidal ideation and other risky behaviours (Vincenti et al., 2023).

As for countertransference and transference responses, therapist should be aware of how impulsivity might show up in the therapeutic space and monitor their responses to it. As found in the literature, shame responses are born out of the judgment and oppression of others who are intolerant for behaviours that differ from the norm (Attoe & Climie, 2023; Babinski & Libsack, 2025; Visser et al., 2024; Vincenti et al., 2023; Wallin et al., 2022; Young et al., 2020). Therapists must refrain from adding to their shame experiences through judgment of the client, interrupting

the therapist, for example, as doing so could be significantly harmful to the client and thus, unethical (CPA, 2017). While it would be natural for the therapist to perhaps be annoyed with frequent interruptions, a compassion-oriented view of the client's behaviours would lessen any negative, outward expression the therapist might have. Additionally, therapists should implement regular check-ins and repairs if countertransference responses elicit shame in the client. Ethical practice within therapeutic interventions requires that therapists are aware of the impact they have on clients, especially those who statistically are more prone to experiencing shame, risky behaviours, and impulsivity such as women diagnosed with ADHD in adulthood.

#### **Chapter Four: Application to Clinical Practice**

The literature review demonstrates that shame experiences are not only common but impactful on the lives and self-perspectives of women diagnosed with ADHD in adulthood. The findings from this study inform clinicians not only of the prominence and commonality of shame in women with undiagnosed or late diagnosed ADHD, but the ways in which shame could manifest and negatively impact women throughout their lives. The results are important in informing the clinical and therapeutic considerations for the professionals working with this population and communities affected. The next sections examine the clinical applications of this research project and therapeutic considerations, its influence on scientific knowledge, and its cultural and diversity implications.

#### **Clinical/Therapeutic Applications**

Firstly, the findings generally provided clinicians with some insight as to what ADHD in women may look like at a psycho-social level, beyond the symptomology of ADHD. This paper brought to light the *experience* of late-diagnosed ADHD in women and the suffering that may manifest as a result. More specifically, feeling shame to make sense of being misunderstood and

discriminated against for most of their development (Attoe & Climie, 2023; Cheesman, 2019; Craddock, 2024; Holthe & Langvik, 2017; Morgan, 2024; Pawaskar et al., 2020; Rouffaer, 2024; Stenner et al., 2019; Vincenti et al., 2023; Visser et al., 2024; Young et al., 2020). While addressing ADHD symptoms directly in therapy session can be helpful, the literature shows that shame experiences are a major part of ADHD in women and should thus be addressed, too. Due to the commonality of shame experiences, the distress reported, and the risks associated with chronic shame in women with late-diagnosed ADHD, therapists should be assessing for shame and incorporating treatments that address shame and low self-esteem (Morgan, 2024). An example of this would be narrative therapy, which was empirically shown to help women with ADHD rewrite their stories from shame to those of empowerment and self-acceptance (Visser et al., 2024). Moreover, therapists are encouraged to take an expanded approach, such as the lens of critical disability theory, in which the social constructions of what it means to be different or ‘disabled’ within society are reflected upon and challenged (Brocco, 2024; Carr-Fanning, 2020). A view rooted in critical disability theory can ensure that therapists are not contributing to feelings of shame by framing ADHD as simply a different way of being rather than a ‘flaw’ or pathologization. Similarly, therapists should foster an environment of nonjudgment and acceptance within the therapeutic relationship and beyond to establish a safe environment in which clients can freely be themselves.

Secondly, the research illuminates the complexity late-diagnosed ADHD in females and the importance of a mindful and compassionate approach in therapy. Due to the high likelihood that women with adult-diagnosed ADHD have more than one mental health difficulty such as depression and/or anxiety, therapy with this population warrants extra care, curiosity, and knowledge. Therapists can best care for this population by being intentional about validating

their experience and providing psychoeducation about ADHD in women, noted comorbidities, and the misconceptions about ADHD (Morgan, 2024; Visser et al., 2024). Therapists may also find it helpful to implement assessment tools, such as the Barratt Impulsiveness Scale (BIS-11) to assess for comorbidities and risk (Patton et al., 1995). As stated, comorbidities increase the possibility for risky behaviours such as increased suicide and self-harm, emphasizing the need to assess for them (Hinshaw et al., 2021; Meza et al., 2021; Owens et al., 2017; Pawaskar et al., 2020; Pedersen et al., 2024).

Thirdly, the findings show that clinicians must also be aware of how ADHD shows up differently in women and how their own biases on ADHD and women can contribute to the shame reported and the high rates of late-diagnosed ADHD among women (Thompson et al., 2020). This includes consistently reflecting on biases about ADHD and challenging the long-held stereotypes about who ADHD affects and what ADHD is ‘supposed’ to look like in individuals. As research is revised and updated to reflect a more realistic representation of ADHD in women, so too should clinicians be revising their knowledge and views through regular examination of their own practice and a critique of current research. Moreover, gender-based assumptions about women can be highly detrimental and delay appropriate ADHD diagnosis for women (Craddock, 2024). For example, some doctors believe women to be overly emotional and misattribute women’s struggles to ‘emotional’ disorders rather than to unmanaged ADHD. While recent research on the presentation of ADHD highlights emotion dysregulation in women with ADHD compared to men with ADHD (Stern et al., 2020; Young et al., 2020), it should not influence clinicians to the degree that they focus only on mood or anxiety disorders without exploring the possibility of ADHD. This noted bias within the health field emphasizes the need for clinicians to be aware and reflective upon their own biases about this population. Misdiagnosis among women

with ADHD and therefore shame experiences will only continue if there is a continued lack of knowledge and reflexivity on the presentation of ADHD in women and girls among health practitioners and within society (Armijo, 2024; Craddock, 2024; Holthe & Langvik, 2017).

Finally, the main focus of this capstone was on the underbelly of the symptoms; the relatively unspoken and unseen distress as a result of the adverse, external responses to ADHD behaviours and ways of being. Such distress is described in this paper as the isolating experience of shame in several aspects of the lives of women with late-diagnosed ADHD (Attoe & Climie, 2023; Armijo, 2024; Babinski & Libsack, 2025; Cheesman, 2019; Craddock, 2024; Holthe & Langvik, 2017; Karpiuk, 2024; Morgan, 2024; Mylett, 2020; Pawaskar et al., 2020; Stenner et al., 2019; Vincenti et al., 2023; Visser et al., 2024; Wallin et al., 2022; Young et al., 2020). As such, the findings of this research emphasized the importance of assessing and targeting shame and low self-worth in therapy. It could also inform clinicians of the potential for undetected ADHD in women who come in reporting stories and experiences of shame like those collected from the literature. Similarly, clinicians aware of the impacts of this phenomenon could aid clients to pursue a diagnosis that better fits their reported experience if the client desires this. Clinicians can assess how much shame is at play for their female clients who are late-diagnosed or undiagnosed ADHD and tailor therapy to identifying and rewriting shame experiences and narratives to foster self-acceptance and self-compassion (Attoe & Climie, 2023; Babinski & Libsack, 2025; Morgan, 2024; Nordby et al., 2023; Rouffaer, 2024; Visser et al., 2024). Additionally, therapists can incorporate executive functioning skills for the women they suspect might have undiagnosed ADHD to help build their confidence within day-to-day functioning. The therapeutic space could also include accommodations or portray an environment of acceptance through the inclusion of fidgets, offering time to go to bathroom or to get a beverage,

offering different sitting options, etc. Moreover, it is vital that therapists avoid adding to the discrimination that many women with undiagnosed ADHD have experienced in their lifetime by monitoring biases, body language, and dismissal or judgment of their experience in session. As discussed, it is within interpersonal interactions that chronic feelings of shame are created and maintained for women with undiagnosed ADHD (Attoe & Climie, 2023; Babinski & Libsack, 2025; Visser et al., 2024; Vincenti et al., 2023; Young et al., 2020). Many women with undetected ADHD have likely had many people in their lives, including professionals, systems, and trusted others that do not believe their experience, making it that much more important that clinicians remain curious and open in sessions.

### **Contributions to Scientific Knowledge**

The literature findings contribute to the field of psychology and to science by expanding the knowledge on the experience of female ADHD and how gender roles and expectations interact with ADHD and ultimately impact women. Moreover, this capstone helps fill the gap of the still-developing understanding on the impact and manifestation of shame in women with late or undiagnosed ADHD by synthesizing the research and thus can be used as updated resource for clinicians.

Firstly, the results of this study add to the still-developing understanding of female ADHD and how it differs from the stereotypical presentation and definition of ADHD. Not only are the reported symptoms different, but so are the ways in which people respond to them compared to how society responds to boys with ADHD (Craddock, 2024). Like critical disability theory, the research suggests that women struggle silently with their shame of being perceived as different and therefore as ‘bad’ and thus learn to make themselves small or more ‘digestible’, making their ADHD less identifiable (Brocco, 2024; Mylett, 2020; Vincenti et al., 2023; Visser et

al., 2024). A more refined composure in the presentation of female ADHD contradicts the field's previous understanding on ADHD hyperactivity, which was originally associated with boys who seemed to be 'bouncing off the walls'. Such contributions to the field suggest a different approach to and conceptualization of ADHD that extends beyond the narrow and current knowledge on female ADHD. Additionally, it expanded the conversation on ADHD by exploring beyond the symptoms and delving into the nuanced experience of ADHD for female-identifying individuals in Western society.

Furthermore, the research findings of this capstone expanded on the research on the response of shame when women are not performing to society's standards and how this is amplified in the presence of undiagnosed ADHD (Brown, 2006). Of course, males with ADHD can experience shame and experience it to a higher degree compared to those without ADHD (Pawaskar et al., 2020). Although, the cultural identities of women with ADHD intersect in a way that makes it socially risky to present in a way that differs from the dominant discourses of Western society (Brown, 2006). As discussed previously, ADHD is not something to be pathologized, but rather a way of being that goes against the grain of our patriarchal, capitalist society (Brocco, 2024; Carr-Fanning, 2020). Women with ADHD may behave in ways that might seem 'unladylike', 'disruptive', or 'lazy' when considering symptoms of impulsivity, difficulty focusing, or task paralysis (Cheesman, 2024; Craddock, 2024, Holthe & Langvik, 2017; Mylett, 2020; Vincenti et al., 2023; Wallin et al., 2022). So not only are some women being criticized for behaving in ways consistent with ADHD, but they are also being judged for behaving in ways that differ from societal expectations of how a woman is supposed to behave. The information from this capstone demonstrates that high standards and social expectations do not exist in a vacuum, but rather surround women in their daily lives and are significant to how the women

with ADHD see themselves and how they shape themselves to fit in. This research therefore contributes to the knowledge on female ADHD by stating that gender norms are a contributor to the experiences of shame reported by this population and are an important consideration for future research on women with late-diagnosed ADHD.

Moreover, this study provides more clarity on the potential impacts of ADHD diagnoses among women in Western society. More specifically, the findings add to the nuanced conversations on diagnoses and the pathologization of different ways of 'being', as emphasized by critical disability theory (Brocco, 2024; Carr-Fanning, 2020). It seems that the consensus from the qualitative research is that an ADHD diagnosis was relieving for some women as it provided them with an explanation for why they felt different, while a small portion of women reported a decrease in self-acceptance when diagnosed due to the stigmatization of ADHD (Attoe & Climie, 2023; Babinski & Libsack, 2025; Morgan, 2024; Nordby et al., 2023; Rouffaer, 2024; Visser et al., 2024). Additionally, there are systematic limitations that can make a diagnosis or the process of receiving a diagnosis difficult and traumatizing, such as long waitlists and high fees (Morgan, 2024). While stigmatization, oppression, and diagnostic issues may pose a significant risk to the self-esteem and well-being of women with ADHD, the research revises and contributes to scientific knowledge on how feelings of shame may shift for the women after receiving an ADHD diagnosis. Moreover, the research affirms that there is no 'right' or 'wrong' answer, but that the benefits of an ADHD diagnosis depend on many complex and unique factors that must be considered and continued to be researched.

The findings not only expand the general understanding of ADHD in women but rather the sociocultural *experience* of ADHD in a neurotypical world. Scientific knowledge on ADHD in women should continue to be expanded by research and focus on collecting descriptive and

nuanced reports of women's experiences with ADHD and the diagnostic impacts. Moreover, this research is a reminder that scientific knowledge is constantly being reviewed and updated and that providers should strive to be up to date on the research and to reflect on it on a regular basis to ensure best, ethical practice.

### **Contributions to the Well-Being of Society**

This capstone can aid in the well-being of society by amplifying the voices of women with late-diagnosed ADHD and their stories, potentially eliciting understanding and compassion from others. As discussed, there has been lack of thorough research on female ADHD and thus a general lack of understanding (Armijo, 2024; Craddock, 2024; Holthe & Langvik, 2017; Morgan, 2024). As reported, it was others' misunderstanding, judgements, and misattributions that largely contributed to many women's experiences of shame throughout their development (Attoe & Climie, 2023; Babinski & Libsack, 2025; Visser et al., 2024; Vincenti et al., 2023; Young et al., 2020). Spreading awareness about the female experience of ADHD provides a deeper understanding of this population and as a result may open the door to increased empathy and compassion from others (Brocco, 2024; Carr-Fanning, 2020). Therefore, this paper contributes to the well-being of society through the addition and revision of relevant information on the experiences of shame for women with late-diagnosed ADHD. As a result, society can hopefully have a more compassionate understanding of this population rather than a judgmental and misinformed perspective.

Moreover, this research may be particularly helpful for parents raising girls in Western society and for the women who are unaware of the differences between female ADHD and male ADHD. Due to the general lack of understanding and representation of female ADHD, parents with ADHD children and women with ADHD have had limited access to accurate knowledge

about female ADHD, making it difficult to advocate for their children or for themselves within the healthcare system (Craddock, 2024). Parental and even teacher acknowledgement of the disorder could ultimately open them up to a better understanding of ADHD in girls and thus can increase the chances of an early diagnosis (Attoe & Climie, 2023; Holthe & Langvik, 2017; Stenner et al., 2019; Wallin et al., 2022). A diagnosis in early development could make difference for girls and their self-perception and could grant them access to preventative or helpful treatment. Moreover, obtaining an ADHD diagnosis can grant women access to ADHD communities that expose them to tools and strategies and can ultimately reduce feelings of isolation that is often reported in this population (Babinski & Libsack, 2025). As such, a group-approach for women with late-diagnosed ADHD might be helpful in bringing awareness and information to the women while alleviating isolation and bringing about a sense of community, acceptance, and connection for this population. As such, this capstone project aids in bringing awareness to the under-researched experiences of female ADHD so that parents can have a better understanding of their children's experiences and women can have a better understanding of themselves. It is ultimately the responsibility of the adults in the girls' lives to know the signs and seek out proper care to ensure their well-being and updated research on female ADHD can help with this. As the research shows, a diagnosis, whether early or late within the women's development, can foster a sense of well-being and compassion in our communities through knowledge and connection (Attoe & Climie, 2023; Holthe & Langvik, 2017; Stenner et al., 2019; Wallin et al., 2022).

### **Cultural/Diversity Considerations**

As stated earlier, one of the main critiques of the studies included in this capstone project is the lack of cultural diversity within the study samples (Attoe & Climie, 2023; Babinski &

Libsack, 2025; Karpiuk, 2024; Morgan, 2024; Nordby, et al., 2023; Pawaskar et al., 2020; Visser et al., 2024; Wallin et al., 2022; Young et al., 2020). Such samples were composed of mainly white, heteronormative, middle-class women and only included a small portion of women within other demographics, making it difficult to reliably and confidently apply these findings to all women, mainly those who do not fit the dominant cultural class. The findings of this research project provide society with in-depth perspective on what it is like to be a woman with late-diagnosed ADHD experiencing judgment from others and internalized shame as a result. Although, the cultural and ethnic populations not included in the samples are arguably the ones who might be the most impacted if we consider the discourse on intersectionality and layered experiences of discrimination, and therefore should be included in future research studies (Brocco, 2024; Budiarto & Helmi, 2021; Carr-Fanning, 2020).

With the above considerations, is it important that the findings of this research project are seen as only part of the picture for late-diagnosed ADHD in women and not the whole, representative picture. The reports and findings gathered are rich due to qualitative approaches used in many of the studies included and thus contributes to the scientific knowledge on this population. Although, practitioners are advised to continue being open and curious when presented with the experiences of their female clients with ADHD as these may differ or contain more nuance than discussed in this capstone paper that are vital to their cultural identity and their overall well-being.

## **Chapter Five: Conclusions and Recommendations**

This study sought to address the following question: How and in what ways do feelings and experiences of shame show up for women prior to being diagnosed with ADHD in adulthood, and how have chronic feelings of shame shaped their view of self and impacted their well-being throughout their development? To cohesively answer the question above, this chapter restates the most important themes derived from the study, bringing together the arguments and information presented throughout to suggest certain recommendations. With the concluding chapter of this study, it is hoped that the study provided a clear picture on the current literature that can be considered and utilized by researchers and therapists within their current and future work.

### **Conclusions from the Literature Analysis**

Through the synthesis on the current literature on the presence and impact of shame experiences reported by women late diagnosed with ADHD, the following conclusions were found:

Firstly, chronic feelings of shame in women undiagnosed with ADHD were not only common and present throughout their development, but significantly distressing and disruptive to their mental health, relationships, and overall well-being (Attoe & Climie, 2023; Armijo, 2024; Babinski & Libsack, 2025; Cheesman, 2019; Craddock, 2024; Holthe & Langvik, 2017; Karpiuk, 2024; Morgan, 2024; Mylett, 2020; Pawaskar et al., 2020; Stenner et al., 2019; Vincenti et al., 2023; Visser et al., 2024; Wallin et al., 2022; Young et al., 2020). The external shaming reported by some women with late-diagnosed ADHD was internalized with the repeated interpersonal interactions in which they felt judged and misunderstood. Just as others blamed them for undesirable behaviours, they blamed themselves and concluded that they were deeply flawed to make sense of this. As such, masking was adopted by many women to avoid the scrutiny and to ‘fit in’ (Craddock, 2024; Mylett, 2020; Vincenti et al., 2023; Visser et al., 2024; Wallin et al., 2022).

Secondly, the relationships of the women with ADHD were also found to play a significant role in the development and maintenance of chronic shame through repeated perceived failures in interactions and relationships, as well as bullying and ostracization by their peers (Attoe & Climie, 2023; Babinski & Libsack, 2025; Morgan, 2024, Visser et al., 2024; Vincenti et al., 2023; Young et al., 2020). Due to a lack of understanding from others, many of the women received constant feedback directed towards their character about socially different or ‘undesirable’ behaviours, and these voices morphed into their own over time. The shame experiences of women with ADHD in Western society were also found to be layered and embedded within the many roles the women inhabited within society. More specifically, shame crept into their roles within gender norms, motherhood, sex, and school and work responsibilities. These social and cultural identities all contributed to their self-view, so when they were constantly failing to meet

the patriarchal and unrealistic expectations of each role, they attributed it to their own, intrinsic failings (Attoe & Climie, 2023; Antoniou et al., 2021; Cheesman, 2024; Craddock, 2024; Holthe & Langvik, 2017; Mylett, 2020; Vincenti et al., 2023; Wallin et al., 2022; Young et al., 2020).

Lastly, receiving a diagnosis helped the majority of women rewrite feelings and experiences of shame into those of relief and self-acceptance (Attoe & Climie, 2023; Babinski & Libsack, 2025; Morgan, 2024; Nordby et al., 2023; Rouffaer, 2024; Visser et al., 2024). For some women, a diagnosis of ADHD in adulthood provided explanations and diverted blame from their character to a ‘disorder’ that they unknowingly struggled with for decades. Additionally, this awareness allowed some women to learn about themselves and the ways they could ameliorate their day-to-day tasks, their relationships, and their quality of life through seeking out ADHD community and resources (Holtsclaw, 2020; Karpiuk, 2024; Nordby et al., 2023; Rouffaer, 2024; Wallin et al., 2022). Consistent with critical disability theory, the expectations on how women should behave in Western society are culturally and societally fabricated by neurotypical, white, cisgender, middle-class men (Brocco, 2024). Because ADHD differs from the norm, the symptomology is deemed disruptive and thus pathologized once it is diagnosed (Attoe & Climie, 2023; Babinski & Libsack, 2025; Hofmann et al., 2020; Morgan, 2024; Nordby et al., 2023; Rouffaer, 2024; Visser et al., 2024). Therefore, the shame infiltrating the identities of girls and women with undiagnosed ADHD is born out of socially constructed ideals of what it means to be a neurotypical, ‘normal’ woman, not necessarily out of the presentation of ADHD itself.

### **Recommendations at the Clinical/Therapeutic Level**

For ethical and effective work with women with late-diagnosed or undiagnosed ADHD, it is important that:

1. Clinicians should gain a comprehensive and accurate understanding of how ADHD presents differently in women, not only on a symptomatic level but at a psychosocial level as the research shows that women differ from males on both levels (Attoe & Climie, 2023; Cheesman, 2019; Craddock, 2024; Holthe & Langvik, 2017; Morgan, 2024; Pawaskar et al., 2020; Rouffaer, 2024; Stenner et al., 2019; Vincenti et al., 2023; Visser et al., 2024; Young et al., 2020).
2. Clinicians consider that shame experiences are likely to be a component of therapy with female adult clients with late-diagnosed or undiagnosed ADHD. Clinicians should consider assessing for shame or low self-esteem and for the risks associated with shame, such as suicidality and self-harm (Hinshaw et al., 2021; Meza et al., 2021; Morgan, 2024; Owens et al., 2017; Pawaskar et al., 2020; Pedersen et al., 2024; Visser et al., 2024). Moreover, clinicians should focus on being curious and non-judgemental as to avoid contributing to shame experiences and misdiagnosis.
3. Ensure proper knowledge on shame and how to treat it using empirically backed therapeutic methods for neurodivergence, such as narrative therapy (Morgan, 2024; Visser et al., 2024).
4. Be aware of their personal biases related to ADHD in women and be intentional about challenging them through regular reflection and consultation (Armijo, 2024; Craddock, 2024; Holthe & Langvik, 2017; Thompson et al., 2020).
5. Bring in strategies and tools proven to help with executive functioning and daily living if the client reports difficulties in this or is looking for such tools, whether they are formally diagnosed or not (Attoe & Climie, 2023; Babinski & Libsack, 2025; Morgan, 2024; Nordby et al., 2023; Rouffaer, 2024; Visser et al., 2024).

6. Consider other forms of therapy referrals for their clients, such as group therapy (Visser et al., 2024).
7. Be aware of and up to date on the current research on ADHD in women and the experience and impact of shame on this population (Craddock, 2024).

### **Recommendations for Future Research**

To capture an accurate and representative narrative on the experiences of shame reported by women with late-diagnosed ADHD, it is recommended that:

1. Future studies address the self-perception of women with late-diagnosed ADHD from culturally diverse samples to thicken the current understanding beyond those of white, middle class, heteronormative, cisgender women (Brocco, 2024).
2. Researchers continue to collect the experiences of women with late-diagnosed ADHD and include observational reports combined with self-reports to add to the depth of the data collected and reduce bias (Young et al., 2020).
3. Future researchers explore the psycho-social effects on women who grew up with parents who were informed on female ADHD, who were supportive and accepting of their differences, and/or who were diagnosed at an early age or had access to accommodations in school.
4. More research is directed towards appropriate treatment for this population that addresses both ADHD symptomology and shame specifically for women late diagnosed with ADHD.

### **Reflections**

In considering the strengths, limitations, and qualities of the studies included in this capstone project, it is important that the following points are reviewed. First, all the studies included in this study were composed of primarily white, middle-class, cisgender, Western, women. Second, it is likely that many of the studies also had a research team consisting of white, cisgender middle-class researchers. Third, samples sizes were small, collected through convenience, and thus were not entirely representative of the population. Lastly, despite the minor limitations identified, the points above give clarity and guidance on how to understand and interpret the findings of this study without undervaluing the studies themselves.

This exploration and critique on the current research on the experiences of shame reported by women late diagnosed with ADHD highlighted the importance of the phenomenon in both clinical practice and within research itself. Due to the nuance of the shame experiences identified and the intersection of shame within many aspects of the women's lives, research is warranted to gain further insight on the ways in which shame manifests and impacts this population. It is essential that clinicians and researchers continue to be curious about the gendered experience of ADHD and shame responses and the ways in which this population can feel heard and supported.

Throughout the process of this capstone project, the writer has learned extensively about the way girls and women with ADHD have been impacted by the biased and male-based research on ADHD and the way shame and gender have interacted with this phenomenon. As such, the writer feels better equipped to work with this population within a clinical setting and has a better understanding of the complex nature of how shame shows up and shapes women's self-view without ADHD supports. Moreover, through this capstone project, this writer has gained appreciation for the breadth of knowledge that is the human experience and that not only is the pursuit of knowledge important, but it is also an ongoing process that requires patience, constant

reflection, and self-compassion. More specifically, learning is uncomfortable and challenging, but fulfilling and significant all at the same time. Similarly, the writer has a deeper appreciation for therapists' role to stay updated and informed on research that pertains to their clients' presentations and reported problems. This writer is grateful for the opportunity to engage in this kind of growth and challenge and sees the capstone as a perfect example of what it means to be a therapist in a field that is constantly evolving and expanding.

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### Appendix 1

*Reference list of Studies Critiqued for their Methodology and Ethics*

<b>Author</b>	<b>Year</b>	<b>Title</b>	<b>Journal</b>	<b>Type/Method</b>
Attoe & Climie	2023	Miss. diagnosis: A systematic review of ADHD in adult women.	<i>Journal of Attention Disorders</i>	Systematic Review
Babinski & Libsack	2025	Adult diagnosis of ADHD in women: A mixed methods investigation.	<i>Journal of Attention Disorders</i>	Mixed Methods

Karpiuk	2024	Women post-secondary graduates with attention deficit-hyperactivity disorder (ADHD).	<i>ProQuest</i>	Qualitative
Morgan	2024	Exploring women's experiences of diagnosis of ADHD in adulthood: a qualitative study.	<i>Advances in Mental Health</i>	Qualitative
Nordby et al.	2023	Silver linings of ADHD: a thematic analysis of adults' positive experiences with living with ADHD	<i>BMJ Open</i>	Qualitative
Pawaskar et al.	2020	Comparison of quality of life, productivity, functioning and self-esteem in adults diagnosed with ADHD and with symptomatic ADHD.	<i>Journal of Attention Disorders</i>	Quantitative
Vincenti et al.	2023	Issues which marginalize females with ADHD - A mixed methods systematic review.	<i>Humanities and Social Science Research</i>	Systematic Review
Visser et al.	2024	Understanding ADHD-related stigma: A gender analysis of young adults and key stakeholder perspectives.	<i>Neurodiversity</i>	Qualitative
Wallin et al.	2022	Self-experienced sexual and reproductive health in young women with attention deficit hyperactivity disorder a qualitative interview study.	<i>BMC Women's Health</i>	Qualitative
Young et al.	2020	Females with ADHD: An expert consensus statement taking a lifespan approach providing guidance for the identification and treatment of attention-deficit/ hyperactivity disorder in girls and women.	<i>BMC Psychiatry</i>	Qualitative

