

**The Impact of Delayed Diagnosis on the Self-Perceptions of Women with Late-Diagnosed  
ADHD: A Review of Recent Literature and Theoretical Implications**

**By**

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**Paper submitted in partial fulfillment of the requirements 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 18, 2025**

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## Abstract

Attention Deficit Hyperactivity Disorder has been widely underrecognized in women due to the misconception that it primarily affected male children. Consequently, many women remain unaware of their neurodivergence for much of their lives, internalizing shame and self-blame for their difficulties. Growing awareness on gender differences in ADHD presentation has led to an influx in women being diagnosed with ADHD later in life, yet limited research has examined the role late diagnosis has on self-perception. This review seeks to answer the following question: How does a delayed ADHD diagnosis impact the self-perceptions of women with ADHD? A qualitative thematic analysis of peer-reviewed studies was conducted using academic databases, prioritized research that explored women's lived experiences with late-diagnosed ADHD and its effects on self-concept, stigma, masking, and internalized ableism. Findings revealed that a diagnostic delay significantly impacts women's self-perceptions, leading to low-self-esteem, ongoing struggles to meet gendered and societal expectations, the use of masking strategies to conform to neurotypical norms, and the internalization of ableism and stigma that reinforce negative self-identities. However, receiving a diagnosis can serve as a transformative experience, enabling self-compassion, identity reconstruction, and empowerment, particularly when supported by neuro-affirmative approaches. The review concludes that clinicians can support late-diagnosed women with ADHD by implementing gender-responsive, neuro-affirmative approaches that promote positive identity reconstruction, self-understanding, and acknowledgement of strengths. Future research should examine intersectional factors including race, culture and socioeconomic status to inform more inclusive and equitable mental health practices.

*Keywords:* ADHD, late diagnosis, women, self-perception, masking, internalized ableism, gender bias, late-diagnosed women with ADHD, ADHD in women, internalization, self-esteem, self-criticism

# **The Impact of Delayed Diagnosis on the Self-Perceptions in Women with Late-Diagnosed ADHD: A Review of Recent Literature and Theoretical Implications**

## **Chapter 1: Introduction**

Historically, Attention Deficit Hyperactivity Disorder (ADHD) has been underdiagnosed and mischaracterized in females due to gender bias in diagnostic criteria, sociocultural expectations surrounding femininity, and the tendency for women to engage in masking and compensatory behaviors. As a result, many women are left to navigate much of their formative years without understanding the root causes of their struggles, internalizing negative societal attitudes and ableist assumptions. This review seeks to examine how late recognition and diagnosis of ADHD affect women's self-concept, emotional well-being, and sense of identity.

### **Topic Overview**

ADHD is a neurodevelopmental condition that is characterized by persistent attentional problems, motor restlessness, and cognitive motor impulsivity that affect a person's ability to function optimally in daily activities (American Psychiatric Association, 2013). ADHD can impact many areas of functioning, including education, vocational, familial interactions, and social relationships (de la Peña et al, 2020; French et al., 2024). While the core symptoms of ADHD are present in both genders, the expression of ADHD can vary between genders (Faheem et al, 2022). There are 3 subtypes of ADHD: predominantly inattentive, predominantly hyperactive-impulsive, and combined. The predominantly hyperactive-impulsive subtype shows up most evidently in young boys who have externalizing symptoms like impulsiveness, fidgeting, restlessness, and excessive or loud speech. The predominantly inattentive subtype is characterized by more internalized symptoms, such as inattentiveness, disorganization, emotion dysregulation, and lack of focus, which is a frequent presentation of ADHD in women (Quinn & Madhoo, 2014). Despite ADHD being one of the most researched and diagnosed childhood conditions, its presentation in women has long been underrecognized, underdiagnosed,

and misinterpreted. Research has historically focused on ADHD's presentation in males, particularly young boys, as their symptoms are more easily recognizable (Hinshaw et al., 2021), resulting in women being overlooked and underdiagnosed until they reach adulthood. According to Morley and Tyrell (2023), social conditioning has resulted in females subconsciously establishing highly effective masking tendencies to hide the impacts of their ADHD symptoms. Hyperactivity is less socially acceptable in females, who are more at risk of consequences such as marginalization if their behavior does not align with what is expected of them (Baig & Kahya, 2025; Mellström, 2023). Furthermore, hyperactivity in males often presents as anger or aggression, while females may experience symptoms such as hyper talkativeness, flight of thoughts, internal restlessness, and emotional reactivity (Nussbaum, 2012, as cited in Baig & Kahya, 2025). These findings should inform the criteria used to diagnose ADHD in each gender separately. Emotional lability, executive dysfunction, and impulsivity are often viewed as socially unacceptable traits in women, leading to chronic shame and identity disturbance rather than being recognized as symptoms of ADHD (Hinshaw & Ellison, 2016). Late-diagnosed women often try to fit into neurotypical norms throughout their lives by masking, overcompensation, and perfectionism (Agnew-Blais, 2024; Craddock, 2024). Their identities are often centered around perceived personal failures rather than neurological differences (Young et al., 2020). When they are finally diagnosed, this diagnosis challenges their understanding of their functioning and the foundations of their self-perception (Morgan, 2023; Maw et al., 2024). Given the fact that ADHD can impact many different areas of one's life, when undetected it causes individuals to attribute their struggles to personal failures and shortcomings rather than symptoms that deserve understanding, grace, and compassion.

Existing research has begun to highlight the consequences of ADHD underdiagnosed later in life (French et al., 2023; Morgan, 2024). While current studies have examined stigma amongst individuals with ADHD, and the prevalence of diagnostic bias in females, few have explored how these two concepts intersect to shape women's self-perceptions following a late

ADHD diagnosis. This gap limits our awareness of the magnitude of the ramifications of diagnostic delay, and the ways in which social and gender biases perpetuate negative self-concept in women with ADHD. This paper explores this gap and aids in providing clinicians a more integrated understanding of the emotional and psychological impacts of delayed diagnosis for women so that they can best assist clients who are late diagnosed and struggling with issues around self-identity.

### **Statement of the Problem**

This review investigates the implications of gender bias in diagnostic and assessment processes, persistent exposure to negative societal perceptions, the use of masking behaviours, the internalization of ableist beliefs, and the lack of access to appropriate care, in negatively reinforcing women to conform to social and gender norms. Central to this review is the research question guiding the inquiry: How does a delayed diagnosis impacts the self-perceptions of women with ADHD? Specifically, this review will address the gap in the literature regarding how intersecting social, diagnostic, and internalized biases contribute to diminished self-perception in women diagnosed with ADHD in adulthood. Without intentional efforts to address this question, late-diagnosed women with ADHD are at risk of lower quality of life, poorer physical and mental health outcomes, and increased likelihood of negative outcomes related to delinquent behaviour, substance abuse, eating disorders, and earlier mortality rates (French, 2024; Cobbaert, 2024). By synthesizing the current literature, this review aims to clarify how gender bias and ableist social norms shape women's beliefs about themselves, and how a diagnosis can serve as both a corrective and transformative experience for self-identity and allow for more positive mental and physical well-being.

## **Rationale and Justification**

The purpose of this review is to understand the major factors that influence the self-perceptions of women who have had a late diagnosis of ADHD, with the aim of reducing the negative consequences associated with delayed recognition. This purpose is sought by synthesizing and critically analyzing existing research. The current review is important because it highlights the gap between diagnosis as a clinical event and diagnosis as a transformative psychological process. For many women, receiving an ADHD diagnosis can bring both relief and grief. Relief in gaining an explanation for their struggles, and grief for the years spent misjudging themselves through the lens of neurotypical inadequacy (Morgan, 2023). Understanding this tension is vital for mental health professionals who support women in reconstructing their self-concept after diagnosis. Much of the current literature on late diagnosed ADHD in women has explored the consequences of a late diagnosis, but few studies have considered the impacts of a late diagnosis on women's self-perceptions. By exploring the impacts that a delayed diagnosis has on the self-perceptions of late diagnosed women with ADHD, we learn how to best support a population that may go through much of their lives comparing themselves to neurotypical peers and developing compensatory strategies that exacerbated their well-being. In addition to this, clinicians can begin to utilize a neuro-affirmative approach to therapy that centers clients' differences in a positive way, highlighting their strengths and helping them reconstruct their identities around values of self-acceptance, self-compassion, and authentic self-understanding.

## **Significance**

Understanding how a delayed diagnosis shapes the self-perception of women with ADHD is essential for addressing the emotional and psychological consequences of late diagnosis. Late-diagnosed women may spend years attributing their difficulties to personal

failings rather than to a neurodevelopmental difference, internalizing negative beliefs about their abilities and worth (Attoe & Climie, 2023). These patterns are reinforced by overarching societal messages that associate neurotypical measures of productivity, competency, and emotion regulation with moral value (Grimell et al., 2025). Exploring how the prevalence of these messages leads to internalization provides counseling professionals insight into the tendencies for which shame, perfectionism, and self-doubt become ingrained in women's identities long before diagnosis. This awareness can help counsellors when working with women who are newly navigating an ADHD diagnosis or struggling with identity concerns that may be shaped by an underlying diagnosis of ADHD. When therapists develop treatment plans for late diagnosed women, it can be beneficial for them to understand how undiagnosed ADHD may have shaped the developmental trajectory of women's self-concepts. This awareness allows clinicians to integrate interventions that not only focus on symptom management and future-oriented goals but also address retrospective grief and support clients in reconstructing their identities following diagnosis.

### **Theoretical Framework**

A qualitative approach using thematic analysis was used to guide this review. The purpose of the thematic analysis is to identify, analyze, and interpret patterns (themes) within the qualitative data (Clark & Braun, 2017). In this context, thematic analysis explores the lived experiences of women who receive an ADHD diagnosis in adulthood. The goal is to gain a deeper understanding of how internalized ableism manifests in their self-perception and mental health outcomes. This approach is well-suited to uncovering complex emotional and psychological processes that may not be visible through quantitative methods (Tenny et al., 2022; Braun & Clarke, 2006). Employing thematic analysis, I aim to investigate how late diagnosis impacts women's self-perception and to uncover the key influences and biases that

can guide therapists in addressing persistent negative self-beliefs among late-diagnosed women.

The theoretical orientation of this review is grounded in social constructivism, which posits that meaning and understanding are shaped through social experiences and cultural norms (Naeem et al., 2023). This framework is particularly relevant in exploring how gendered expectations and societal attitudes towards women shape the self-perception of women with ADHD, especially those who are diagnosed later in life. The analysis will take into account how internalized ableism, the adoption of negative societal beliefs about disability (Jóhannsdóttir et al., 2022), manifests in participants' narratives, contributing to issues such as shame, self-criticism, and diminished self-worth. This review will seek to identify recurring themes related to emotional and physical impact of late diagnosis, understand how women make sense of their experiences within a neurotypical society, and highlight the unique therapeutic needs of this population, especially around identity formation, self-compassion, and trauma-informed care (Bradley et al., 2025; Visser et al., 2024; Huynh et al., 2024; Morley & Tyrrell, 2023).

Thematic analysis will not only help to fill a significant knowledge gap in research around the experiences of internalized ableism in women with ADHD but will also provide insight for mental health professionals seeking to offer more empathetic, informed, and effective care for women with late-diagnosed ADHD.

### **Definition of Terms**

*Gender bias* refers to the beliefs, attitudes, and assumptions that reflect stereotypes or preconceived ideas about the roles, abilities, and characteristics of women and men (American Psychological Association [APA], 2018). Within the context of this review, gender bias is understood as a systemic influence that contributes to the underrecognition, misdiagnosis, and delayed diagnosis of ADHD in women. This bias informs the ways that women's thoughts

and behaviours are interpreted, shaping their self-perception and reinforcing societal expectations and internalized beliefs about how women should act and behave.

*Internalized ableism* is defined as the process through which individuals with disabilities or neurodivergent conditions internalize ableist attitudes, often unconsciously adopting negative beliefs about their own abilities and worth (Jóhannsdóttir et al., 2022). In this research, internalized ableism represents a construct that reflects the neurotypical standard late-diagnosed women with ADHD hold themselves to and how not meeting this standard leads to feelings of shame, self-blame, and inadequacy.

*Masking* refers to the suppression or concealment of neurodivergent traits in order to appear neurotypical, often at significant psychological cost (Miller, 2021). Within this review, masking is contextualized as a coping strategy enacted by women with undiagnosed or late-diagnosed ADHD to conform to societal norms of femininity and competence. While masking can allow for societal acceptance and the notion of fitting in, the psychological costs can be reflected as identity confusion and emotional exhaustion.

*Neurodivergence* describes cognitive functioning that diverges from dominant societal norms, including ADHD, autism, dyslexia, and others (Dwyer, 2022). This review adopts a neuro-affirmative understanding of divergence that emphasizes cognitive diversity as a natural and valuable aspect of human variation rather than a deficit.

*Stigma* is defined as socially constructed disapproval based on negative stereotypes that result in prejudice, discrimination, or social exclusion of individuals based on perceived differences (APA, 2018). Within the research, stigma is considered as a mechanism through which societal misconceptions about ADHD and gendered expectations perpetuate shame and reinforce negative self-beliefs among women with late diagnoses.

*Self-Perception* refers to an individual's evaluative understanding of the self, shaped by internal experiences and external feedback, including societal and relational influences (Bem, 1972; Morin, 2011). In this review, self-perception functions as a central construct in examining

how women with late-diagnosed ADHD construct their sense of identity and worth, particularly influenced by experiences of stigma, gendered and societal norms, and internalized ableism.

### **Reflectivity and Positionality Statement**

My personal, academic, and professional experiences have significantly shaped my interest in exploring the impacts of late ADHD diagnosis on the self-perceptions of women. As someone with lived experience of ADHD and familiarity with the challenges that accompany late recognition, I approach this topic with both empathy and critical awareness. Personally, I have witnessed how misunderstanding, and misattribution of ADHD-related difficulties can lead to self-doubt, internalized stigma, and a distorted sense of identity. These experiences have made me deeply attuned to the psychological and emotional dimensions of diagnostic delay, particularly as they intersect with societal expectations placed on women.

Academically, my studies have strengthened my understanding of neurodevelopmental disorders, gender bias, and mental health systems. This foundation enables me to approach existing literature with both curiosity and critical analysis, while also recognizing how systemic inequities influence women's experiences with diagnosis and treatment. Professionally, my developing clinical perspective motivates me to translate research findings into practice that validates women's lived realities, promotes self-compassion, and challenges ableist assumptions within therapeutic settings. I acknowledge that my personal connection to the topic introduces both insight and potential bias. My familiarity with the emotional impact of delayed diagnosis may heighten my sensitivity to themes of self-concept and identity formation, influencing the way I interpret the literature. To address this, I will strive to maintain self-awareness of my inherent biases through reflexive journaling throughout the research process, recognizing where personal experience enriches understanding while also ensuring that interpretations remain grounded in empirical evidence and scholarly integrity. Ultimately, my positionality fosters a genuine commitment to advancing knowledge that not only contributes

to the academic discourse on ADHD in women but also has tangible implications for compassionate, informed, and equitable clinical practice.

### **Outline of the Capstone Chapters**

This capstone project is organized into five chapters, which begin by introducing the topic of ADHD in women, the emerging phenomenon of women being diagnosed later in life, and the implications this phenomenon has on the self-perceptions of women. Chapter 2 outlines the literature search, including inclusion/exclusion criteria for sources and approaches used to assess credibility and relevance. Through a thematic overview of the literature, Chapter 3 synthesizes current research findings to answer the research question of how late diagnosis impact the self-perceptions of women with ADHD. Additionally, the ethical considerations related to the literature findings are addressed. Chapter 4 integrates these findings into a practical context, discussing implications and recommendations for therapeutic work with women who have received late ADHD diagnoses. Chapter 5 proposes directions for future research, including questions related to expanding the literature around the role of internalized ableism in late-diagnosed women. It also reflects on the learning process from both research and clinical perspectives, emphasizing the importance of empathetic, informed, and inclusive practice in supporting this population. The section concludes with a personal reflection on the clinical and research insights gained through this process and their significance for professional practice.

## Chapter 2: Methodology

A literature search was conducted to collect data using a thematic approach to explore what impact delayed diagnosis has on the self-perceptions of with ADHD. The data was drawn from peer-reviewed studies pertaining to the experiences of late-diagnosed women with ADHD. Searches were conducted using the following databases: City University Library, Taylor & Francis Online, Google Scholar, ProQuest, PsycINFO, PubMed, ScienceDirect, Sage Journals, and Scopus. Key terms used included *ADHD*, *ADD*, *attention deficit hyperactivity disorder*, *attention deficit disorder*, *late-diagnosed women with ADHD*, *ADHD in women*, *late diagnosed females*, *late diagnosis*, *attention deficit hyperactivity disorder*, *attention deficit disorder*, *internalization*, *self-esteem*, *self-perception*, *self-efficacy*, *self-criticism*, *self-image*, *masking*, *internalized ableism*. The first step was to familiarize myself with the data through reading research studies that were related to answering my research question. The next step was to highlight the significant findings from the studies and identify and review themes to ensure they accurately represented the data. The themes that reflected key patterns, meaning, and explicit and latent content were explored, which is important when investigating nuanced internal processes like self-criticism, masking, shame, and the emotional impact of late diagnosis on women's self-perceptions (Braun & Clarke, 2006).

Inclusion criteria consisted of studies from 2020 and later, with some exceptions made for studies that include seminal works and relevant key findings on the topic. I included mainly qualitative and mixed method studies, supplemented by quantitative studies to gather a wider scope of data. Preference was given to studies that focused on women's experiences with late diagnosed ADHD. However, studies that had mixed gendered samples were included when at least half of the sample was comprised of women so that the findings were reflective of the experiences of women. Late diagnosis in adulthood was the central inclusion criteria, although one study was included that examined internalized

ableism among participants, some of whom had been aware of their disabilities since birth (Jóhannsdóttir et al. 2022). The review specifically explored the influence of ADHD on self-perception, encompassing both negative and positive dimensions. This approach allowed for the inclusion of research addressing not only the disabling impacts of ADHD but also studies highlighting its associated strengths. Efforts were also made to include research from diverse cultural contexts to gain a comprehensive understanding of the impacts of delayed ADHD diagnosis across cultures; however, most of the studies included participants from Westernized countries, such as the United Kingdom, the United States, and Canada. Studies included in this capstone project came from primary, secondary, and tertiary sources to ensure a comprehensive scope based on firsthand experiences, analyses of multiple perspectives, and a general understanding of the key themes and concepts. I primarily included qualitative and mixed methods research to gather empirical data and explore common narratives of concepts related to my research question. Clinical, community, and university samples were included in an attempt to encompass as many perspectives as possible.

I excluded studies that did not pertain to the female experience or had solely male participants. Studies were excluded if most of the participants had known of their diagnosis since childhood, as the focus of this review was on the impacts of late diagnosis. Additional exclusion criteria include studies that were difficult to source beyond access granted by the City University Library; research that focused on the medical treatment outcomes of late-diagnosed ADHD women; and research studies that focused on variables irrelevant to the field of counselling psychology; and studies that did not take into account the emotional consequences of a late diagnosis on self-beliefs.

### **Evaluation of Studies Included in the Literature Review**

Several studies were particularly insightful in shaping the understanding of how late ADHD diagnosis impacts women's self-beliefs. For example, studies by Holden and Kobayashi-

Wood (2025), Attoe and Climie (2023), and Morgan (2023) all explored self-concept and mental health outcomes post-diagnosis and consistently demonstrated that women diagnosed in adulthood experience both relief and grief as they reinterpreted their past experiences after being diagnosed with ADHD. Qualitative studies like Aoki et al. (2020), Ginapp et al. (2023), Craddock (2024), and Bradley et al. (2025) provided rich narratives that captured emotional nuances often missing from the quantitative studies reviewed, offering insight into the psychological processes of re-constructing identity and self-beliefs following a diagnosis. However, quantitative studies tended to rely heavily on self-report measures or retrospective data, which limited the ability to assess causal changes in self-perception. Comparatively, studies that employed mixed-methods designs were more effective in illustrating both the statistical trends and the subjective lived experiences of participants (Vincenti et al., 2023; French et al., 2023; Babinski & Libstack, 2024). However, across the literature, inconsistencies were noted in what ages of diagnosis defined a late diagnosis, and there was a lack of standardized tools for measuring internalized ableism or self-perception within women. These limitations made it difficult to draw firm conclusions about the generalizability of findings due to the challenges in varying definitions of late diagnosis.

### **Challenges Encountered During the Literature Search**

The literature search process presented several challenges. One major difficulty was the limited availability of research specifically addressing women with late-diagnosed ADHD. Much of the existing ADHD research focused on childhood challenges and the outcomes of a late diagnosis has often overlooked the emotional impacts on self-perception. Additionally, many studies have concentrated on misdiagnosis and the prevalence of comorbidities as key factors in mental health outcomes. Due to these challenges, extensive screening was required to recognize the interplay between the unique psychosocial experiences and the development of women's self-perceptions. Another challenge was that relevant

themes, such as self-perception, stigma, and gender bias, were often embedded within broader studies on mental health or neurodiversity, requiring inferences to extract relevant information. Additionally, variations in terminology (e.g., late-diagnosed ADHD, adult diagnosis, diagnostic delay) complicated database searches, requiring intentional refinement of search terms and inclusion criteria.

### Chapter 3: Review of Current Literature

This review seeks to discover what impact a delayed diagnosis has on the self-perceptions of women with late-diagnosed ADHD. A thematic analysis was conducted to identify, analyze, and interpret patterns of meaning across the selected literature. The analysis began with repeated readings of the selected studies to ensure familiarity with the content and gain a comprehensive understanding of recurring ideas related to women's experiences of late diagnosis and its influence on self-perception. During this stage, notes were taken to capture emerging patterns and observations. Subsequently, key concepts and findings were systematically coded to identify elements of the data that were relevant to the research question. These codes were reviewed, refined, and arranged into potential preliminary themes that reflected broader patterns of meaning across studies. Each theme was further examined for coherence and distinctiveness to ensure that it accurately represented the data. After identifying the overarching themes, each one was clearly defined and named to capture its essence and scope. The final thematic structure illuminates how delayed diagnosis and the intersecting factors of gender bias in diagnostic criteria and assessment, public and self-stigmatization, masking, internalized ableism, outcomes of a diagnosis, and barriers to care collectively influence the self-perceptions of women with ADHD. By examining these influencing themes, this review serves to inform mental health professionals on the importance of adopting a more neuro-affirmative lens to support women with late-diagnosed ADHD. The findings suggest that incorporating therapeutic approaches that foster awareness and acceptance of neurodivergence, promote self-compassion, facilitate identity reconstruction, and dismantle internalized ableism, can assist late-diagnosed women in developing a more compassionate and accepting self-understanding.

## **The Impacts of Gender Bias in Diagnostic Criteria and Assessment Processes**

Research has shown that gender is a hindering factor in receiving an ADHD diagnosis (Holden & Kobayashi-Wood, 2025; Young et al, 2020). According to Mowlem et al. (2019), a well-established feature of ADHD is the large sex differences in referral and diagnostic rates. Diagnostic criteria are not reflective of the female experience, and to further complicate recognition, women have unique gender-based expectations in society (Lynch & Davidson, 2024). These gender-based expectations are pervasive and deeply ingrained into cultural norms, emphasizing compliance, passivity, adherence to traditional feminine behavior, and service to others. These expectations create pressure for women to conform to social norms, which often results in the concealment of ADHD symptoms (Turkel, 2000; Morgan, 2023). As a result, ADHD often goes undiagnosed until adulthood. Morgan (2023) studied the voices of late-diagnosed women by documenting their lived experiences of being diagnosed with ADHD in adulthood. Morgan's (2023) narrative qualitative interviews with 52 women who were diagnosed with ADHD and a thematic analysis of the transcribed interviews generated six main themes. The findings of Morgan's study suggested that a missed diagnosis was often due to race and gender bias and the male-oriented focus of ADHD assessments, which did not take into consideration the ways that symptoms present differently in females (e.g., internalizing behaviors, emotion dysregulation, and inattention). The study also emphasized that women are more likely to be socialized into normative feminine behaviors, which can result in high levels of masking symptoms and pleasing others to fit in. Morgan stated that although a diagnosis is empowering for many women, it can come with immense pain, anger, and sadness when women's symptoms have been overlooked, minimized, or mischaracterized for most of their lives.

The late diagnosis of the ADHD, rather than the diagnosis itself, detrimentally impacts women's self-esteem, mental health, and identity (Attoe & Climie, 2023; Morgan, 2023). This

finding is strengthened by Pawaskar et al.'s (2020) study which found that adults diagnosed with ADHD tended to report higher self-esteem than undiagnosed but symptomatic adults, suggesting that the core symptoms of ADHD, rather than the associated stigma of the diagnostic label, may have a greater negative impact on self-esteem. Morgan's findings suggest that a diagnosis often leads to a reduction in self-blame and increased self-acceptance in late diagnosed women, which can lead to more positive self-perceptions (Attoe & Climie, 2023). Thus, a diagnosis may promote a healthier self-concept when women are able to distinguish their sense of identity from their symptoms rather than internalizing them as perceived flaws (Stenner, 2019). Despite the meaningful contributions of Morgan's (2023) study, the sample was predominantly composed of university students, which suggests that the findings may not be representative of the experiences of women without higher education. Furthermore, because all women had been recently diagnosed, the findings reflect only short-term experiences and it remains possible that additional mental health concerns could manifest over time as women adjust to their diagnosis. Morgan also mentions that recall bias may be apparent, as women were asked to remember events from years past. Future research that encapsulates a broader range of educational and socioeconomic backgrounds could offer a more comprehensive understanding of post-diagnostic adjustment and identity development among late-diagnosed women with ADHD. Given that many individuals with ADHD do not pursue higher education due to academic challenges, it is possible that samples composed of university students represent only a small sample of this population (Green & Rabiner, 2012). Ginsberg et al. (2014) suggest that there may be a substantial portion of individuals with ADHD who face academic challenges that deter them from pursuing higher education, which in turn limits their access to information and resources, contributing to an underserved and often undiagnosed population.

Visser et al. (2024) explored the key perspectives and experiences of young adults with ADHD on ADHD-related stigma across their lifespan. They engaged 24 respondents in focus groups that followed a semi-structured discussion format. The participants included six adult

men and eight adult women aged 18 to 30 years, three mothers of one or more children diagnosed with ADHD, and three female primary school teachers. The focus group discussions explored both positive and negative perspectives and experiences related to ADHD in daily life, as well as ADHD-related stigma and its individual impacts across educational, professional, social, and family contexts, with attention to potential gender differences. Visser and colleagues used thematic content analysis to interpret the data and found themes of overt and subtle ADHD-related stereotypes and prejudice, discriminatory behaviours and individual impacts encompassing a lack of understanding and support. Gendered nuances were included in theme descriptions, young women reported skepticism, delayed diagnosis, altered identity development, masking, and loneliness as common experiences. The results highlighted the disempowerment that late-diagnosed women feel prior to diagnosis, as trusted medical professionals led them to grapple with skepticism and self-doubt.

These findings highlight the current lack of professional knowledge on ADHD and the need for increased training and awareness around identification of ADHD in females. Visser and colleagues suggest that ADHD stereotypes, prejudice, and discrimination negatively impact one's self concept which may hinder one's tendency to seek help and access resources or support. Furthermore, Visser et al. (2024) suggest that the patterns of this reinforcing cycle of stigma is influenced by gender performance, roles, and social norms. Despite the valuable insights that emerged from Visser et al. 's (2024) study, it is not without limitations. Researchers used a relatively small convenience sample who had relatively high educational levels, lacked ethnic diversity, and included a dominantly urban representation. This may limit the generalizability of the results to capture a comprehensive range of perspectives and experiences on ADHD-related stigma from other populations, such as individuals with lower levels of educational attainment, and those from lower socioeconomic statuses, minority cultures, and rural populations. Addressing these gaps is essential to developing a more inclusive understanding of ADHD that accounts for diverse lived experiences.

Holden and Kobayashi-Wood (2025) aimed to center lived experiences of women with late diagnosed ADHD to increase understanding of the impact of such delays. They employed a mixed methods survey to investigate the perspective of 28 women with late-diagnosed ADHD. Using categorical and associated closed and open-ended questions, participants gave their perspectives of the impact of delayed ADHD on their childhood, adolescence, and adulthood, their journey to seeking a diagnosis, perceived reasons for late diagnosis, and barriers to diagnosis. Additionally, 14 Likert-scale questions explored possible impacts of undiagnosed ADHD and factors that contributed to late diagnosis. The results of the surveys suggested that gender-based research bias was partly to blame for the misconceptions and lack of awareness that participants and those around them had about ADHD. Holden and Kobayashi-Wood found that women in their study reported that gender norms contributed to their suffering, as symptoms often contradicted with how women were expected to behave in school, social settings, and at home, resulting in criticism and the subsequent development of compensatory strategies and efforts to mask symptoms. These findings emphasize that enhancing knowledge and awareness of the distinct ways ADHD manifests in females supports earlier and more accurate diagnoses. Holden and Kobayashi-Wood suggest that through earlier identification of ADHD, women can gain insight into the cause of their ADHD-related challenges and contextualize symptoms as a part of their ADHD rather than intrinsic personal shortcomings.

Holthe and Langvik (2017) conducted a qualitative study that was aimed at gaining an in-depth understanding of the complex ways in which ADHD affects the everyday lives of adult women. They interviewed five women aged 32 to 50 with late-diagnosed ADHD and used a bottom-up, reflexive thematic analysis to evaluate their responses. Their analysis produced five core themes pertaining to the importance of recognizing and targeting ADHD as a serious disorder that has continuing and even increasingly detrimental impacts in multiple areas of functioning in adulthood. The findings of this study reiterate the fact that women experience symptoms of ADHD as especially challenging when they conflict with gender norms and

expectations towards women and in younger years. Participants reported feeling that they had to work harder to hide inattention, and that when it was identified, it was overlooked and minimized while negative aspects of their ADHD symptoms (e.g. disorganization) were judged more harshly in women compared to men due to these inherent societal expectations of women. In terms of limitations, the sample size of the study was relatively small, and included participants who were highly educated and employed and recruited through a homogenous type of purposive sampling. This may have implications on the transferability of the findings to clinically referred samples or participants of lower educational attainment and socio-economic status. It is also important to consider that the qualitative design used necessitates caution due to the subjective nature of interpreting the findings.

### **The Role of Public-Perception on Self-Perception**

The literature suggests that individuals with ADHD frequently struggle to adhere to societal norms as their symptoms of inattention and/or hyperactivity influence multiple facets of their engagement with the social world (Smith & McVeigh, 2025). Smith and McVeigh (2025) explored the perceptions and experiences of social inclusion and stigma amongst university students with ADHD. Congruent with previous findings, they found that people with ADHD are more likely to be late, impulsive, disorganized, accident prone, and emotionally labile due to deficits in executive functioning (Beaton et al., 2022; Dekkers et al., 2022). Their difficulty conforming to neurotypical norms often elicits judgment and stigma from others, who misinterpret the behaviours of individuals with ADHD as willful disregard for simple social expectations that appear straightforward to most (Smith & McVeigh, 2025). Symptoms of ADHD can manifest as saying inappropriate things at inappropriate times, talking over others, arriving late, being forgetful or aloof, appearing disorganized or mindless, and missing deadlines related to work, school, or other social obligations. According to Masuch et al. (2019), these symptoms are perceived by others as impoliteness, character weakness, immaturity, emotional

dysfunctionality, and unreliability. Although the findings by Smith and Mcveigh (2025) were based on a relatively small mixed-gender sample of four men and three women, their findings provide insight into ways that the public views individuals with ADHD. Holthe and Langvik (2017) found similar results in their study on women's experiences of living with ADHD, with special consideration on the role of stigma and gender specific issues. Their findings suggested that women's ADHD symptoms were often interpreted by others as emotional difficulties, disciplinary problems, or learning and attentional problems. Beheshti et al.'s (2020) review synthesized findings related to emotion regulation and ADHD in adulthood and found that ADHD symptoms can negatively affect emotion regulation, which in turn can lead to interpersonal problems and exacerbate stigma. Although their study was not limited to the female experience of ADHD, research has suggested that women with ADHD are prone to higher levels of emotion dysregulation (Anker et al., 2020; Bodalski et al., 2023). As such, this literature has demonstrated that often ADHD symptoms are dismissed by others as personal flaws or not real, or mischaracterized as disregard for seemingly simple social rules, rather than consequences of their disorder (Craddock, 2024; Hinshaw et al., 2024; Holden & Kobayashi-Wood, 2025).

Stigma acts as a significant contributing factor in the development of one's self-perception and can further perpetuate the social consequences of late diagnosed ADHD (Godfrey et al., 2020). Stigma, as defined by Goffman (1963), is a characterization of an individual which conveys a social identity that is devalued in a given social context (Meza et al., 2019). Stigma is a modifiable, but chronic and culturally formed environmental stressor (Muller et al., 2012). Godfrey and colleagues (2020) assert that stigma can come from others (public stigma), from oneself (self-stigma), and can be projected onto others who are associated with the individual with the stigmatized disorder (courtesy stigma). Corrigan and Shapiro (2010) theorized that stereotypes and prejudice are the cognitive expressions of stigma, while discrimination is the behavioral expression of it (Godfrey et al., 2020). A literature review by Nguyen and Hinshaw (2020) focused on examining the current literature on ADHD-related

stigma, highlighting its different forms, identifying the reasons for its persistence, and outlining approaches for reducing stigma. Despite the review's focus on stigma in children and adolescents with ADHD, the findings provide meaningful implications for understanding how early-formed biases can persist and contribute to the stigmatization of adults, particularly women, with ADHD. According to their findings, individuals with ADHD experience stigmatization that includes ridicule, devaluation, and discrimination. Milder forms of ADHD may also incur high levels of stigmatization because they are not as apparent, and if an individual only shows deviant behavior occasionally or in certain settings, their behavior may be attributed to a lack of self-control (Hinshaw & Sheffler, 2014). Literature has shown a robust link between ADHD and low self-esteem in adults, and stigma towards individuals with ADHD may add to the burden of the disorder (Pedersen et al., 2024). The consequences of stigmatization and discrimination range from micro-aggressions, identity suppression, social exclusion, dehumanization, and exclusion from opportunities like employment (Hinshaw, 2007 as cited in Hinshaw et al., 2024). Stigma can magnify and intensify impairments in daily functioning that result from symptoms, causing stigmatized individuals to feel despair and hopelessness (Hinshaw et al., 2024).

The literature demonstrates that ADHD is associated with high levels of receiving and perceiving criticism (Beaton et al., 2022). According to Hoza (2007), children with ADHD are less well-liked than their non-ADHD peers and are more likely to be bullied during school years (as cited in Beaton et al., 2022). This finding was further supported by Beaton and colleagues' study in which they surveyed 162 university students who had a clinical diagnosis of ADHD or reported high levels of traits consistent with ADHD about their experiences of criticism from other people. In line with previous research, participants reported that they perceived lower levels of acceptance and a reduced willingness from others to interact with them once they demonstrated ADHD traits. These negative evaluations were not found to be mitigated by success or ability, as findings indicated that high-functioning people with ADHD still reported

experiencing high perceived levels of judgment from others. Children and adolescents with ADHD frequently describe experiences of stigma, rejection, bullying, name-calling, being shamed by teachers, experiencing frustration and disappointment from parents, and being denied opportunities to participate in friendships and social activities (Ringer, 2020). Many participants in Beaton and colleagues' (2022) study shared that feeling misunderstood, coupled with constant criticism, impacted their development of low self-esteem. These findings suggest that the feeling of being different and struggling to fit in is common amongst individuals with ADHD, contributing to low self-esteem that extends into adulthood (Nystrom et al., 2020).

Masuch and colleagues (2023) indicate that in their research, 89% of adults with ADHD reported anticipated discrimination in their daily lives. The persistent stigma and negativity projected onto people with ADHD from others frequently translates into the adoption of negativity towards oneself, indicating that self-perceptions may be based on how others perceive them (Beaton et al., 2022). Beaton and colleagues (2022) found that reports of perceived criticism in their study were not always in the form of direct comments. Sometimes indirect methods were used to express criticism or disapproval. These included making comparisons to neurotypical peers, using non-verbal cues, or making fun of them through jokes, teasing, and sarcasm. Participants also described being labelled with judgmental language (i.e., being messy, flaky, lazy, ditzy, careless). Several expressed that their inability to meet the expectations of others led them to internalize others' disappointment as personal criticism. The annoyance, anger, and frustration directed towards people with ADHD because of their symptoms also led participants in Beaton and colleagues' (2022) study to feel criticized. Greater sensitivity to criticism was reportedly due to people with ADHD's enhanced awareness of criticism.

People with ADHD can experience rejection sensitivity dysphoria, which is a strong emotional reaction to perceived rejection (Dodson, 2016, as cited in Beaton et al., 2022). According to the findings from Beaton and colleagues' study, people with ADHD may believe

that others are being critical of them regardless of whether they had evidence of critical evaluation or not. As a result, people with ADHD may be susceptible to the cognitive distortion of mind-reading (Chand et al, 2023). Sensitivity to criticism may result in individuals with ADHD overgeneralizing critical feedback to neutral comments and overemphasizing instances where they are rejected and criticized and under accounting for times when they were accepted or praised (Beaton et al., 2022). Participants in Beaton and colleagues' study reported that the criticism they received from others impacted their self-esteem, leading them to believe they had little value, and feeling like they were a burden on others. Their findings also suggested that participants felt the need to change themselves and their behaviors to avoid criticism (Beaton et al., 2022). Although Beaton and colleague's study did not exclusively study women, the sample was largely female, comprising 109 of the 162 participants. As the sample was limited to university students, there remains a gap in understanding how women from varied educational and socioeconomic contexts perceive and respond to criticism, which limits the generalizability of Beaton et al's (2022) findings.

These findings are strengthened by Ginapp et al.'s (2023) qualitative study to better understand how young adults with ADHD interpret their experiences interacting with society, managing interpersonal relationships, and building community. They found that feeling different from others, and feeling too much, in terms of being too emotional, talkative, excitable and intense led to social impairments and stigmatization. Their sample of 43 participants were 84% female which suggests that the findings are especially pertinent to women. However, 72% of participants were white, from North America with the remainder from Australia, Suriname, the Czech Republic, and the United Kingdom. Thus, the results may be shaped by Western, White-majority norms and values, and may limit the generalizability to more diverse populations.

Late-diagnosed women often experience criticism and negative attitudes from others long before knowing about their diagnosis (Attoe & Climie, 2023; Craddock, 2024). The public stigma around ADHD can hinder a woman's ability to consider ADHD as an explanation for her

challenges, especially when there are stereotypes and biases (e.g. ADHD presents as externalized hyperactivity; Holden & Kobayashi-wood, 2025) that do not align with the experiences of women with ADHD. Muller et al (2012) assert that public stigma frequently results in self-stigma and an individual's internalization of a new devalued identity, which can negatively impact their social functioning and quality of life. This self-stigma can deter women from accepting ADHD as a diagnosis, accessing treatment, and sharing the diagnosis with friends, family, and peers due to fear of further judgement, minimizations, and misconceptions about the disorder itself (Holden & Kobayashi-wood, 2025). Furthermore, stigma can lead to women developing masking behaviours to hide their challenges and symptoms in order to avoid social sanctions from others (Waite, 2010, as cited in Attoe & Climie, 2023; Holden & Kobayashi-wood).

The lack of recognition that many of the behaviours that are being judged, rejected, or stigmatized are caused by factors beyond their control may invoke feelings of shame and cause women to base their characterization of themselves on how others perceive them. This negative self-characterization can perpetuate feelings of anxiety, shame, low self-esteem, and have a detrimental impact on late-diagnosed women's mental health (Attoe & Climie, 2023; Morgan, 2023; Vincenti et al., 2023; Agnew-Blais, 2025; Holden & Kobayashi-Wood, 2025).

### **Masking and Self-Perception**

According to Tajfel's (1978) social identity theory, group membership influences self-perception and belonging (Tajfel & Turner, 1979). When women's behaviors elicit negative perceptions, they may be susceptible to being rejected, excluded, and isolated from others (Stenner, 2019; Attoe & Climie, 2023). Late-diagnosed women may attempt to adapt their behaviors to the norm in order to fit in, reflecting attempts to establish a valued social identity within society. When symptoms prevent them from fitting in, this may influence their sense of

belonging and lead them to adopt negative narratives about not being good enough (Attoe & Climie, 2023; Craddock, 2024; Holden & Kobayashi-wood, 2025).

In their study on ADHD burnout and its connection to children's sense of belonging in schools in the United Arab Emirates, Hossain and Bain (2025) highlight that there is a difference between fitting in and belonging. Fitting in requires individuals to adapt their behaviors to external expectations, while belonging entails authentic inclusion without any changes required (Brown, 2021). In their qualitative study on the complex interplay between late diagnosis, being a woman, and the combined manifestation of ADHD and autism, Craddock's (2024) found that late diagnosed women are often under the assumption that to be accepted in society, they must exert considerable and unsustainable emotional effort to mask their symptoms in order to feel a sense of belonging and acceptance.

Research suggests rejection sensitivity is already heightened in individuals with ADHD (Müller et al., 2024), and the pressures for women to act in accordance with social and gender norms leads to compensatory behaviours and masking in order to function and fit in with others (Godfrey et al., 2020; Young et al., 2020). The increased threat of stigmatization and social rejection for neurodiverse individuals contributes to increased situational pressures to camouflage symptoms in social situations (Mueller et al., 2012; Robinson et al., 2020). According to Miller (2021), masking or camouflaging can be defined as performative techniques aimed to hide one's ADHD traits and avoid stigma (e.g. intentionally performing more feminine behaviors to conceal symptoms that do not align with gender norms; Craddock, 2024). Some adaptive compensatory strategies can help individuals with ADHD overcome symptoms, like organizing one's environment and scheduling to mitigate disorganizational tendencies, setting reminders and alarms to mitigate time-related challenges, and overpreparing for work-related or social tasks requiring specific attention to details to combat tendencies of inattention. However, some strategies simply conceal traits rather than overcome them, like pretending to be extra focused on a task or conversation, taking on too much responsibility and working to exhaustion

to appear capable, and excessively organizing one's physical environment to appear orderly despite feeling overwhelmed (Mylett, 2022). The emotional burden of developing such strategies to cope with ADHD often leads to burnout, perfectionism, and over-functioning, which has been found to increase the risk of and exacerbate depression, anxiety, and physical health problems (French et al., 2024).

Findings by Gair et al. (2021) posit that ADHD symptoms contribute to the development of anxiety and depressive symptoms. However, according to Skoglund and colleagues (2023), many women experience heightened rates of mood and anxiety disorders prior to their ADHD diagnosis, which may be interpreted as an emotional cost of coping with ADHD. In their mixed methods study exploring social camouflaging in adults with ADHD, Mylett (2022) found that camouflaging symptoms may trigger identity-related stress as many individuals with ADHD feel a sense of identity confusion or conflict that can be linked to reduced self-esteem and negative self-perceptions. Although their study was inclusive of all gender identities, 70.8% of the 202 participants identified as women, rendering the results highly reflective of the experiences of women with ADHD. The sample consisted of predominantly White participants who reported having some post-secondary education which may limit the generalizability of the results to diverse ethnic populations and populations with lower educational attainment. Although most of the participants reported that their age of diagnosis was young adulthood, 12% of participants had received a diagnosis in childhood, limiting the accuracy of the findings to be reflective of camouflaging behavior experiences in late-diagnosed women with ADHD. Despite these limitations, these findings support the idea that acting in a non-authentic manner can be exhausting and have a negative impact on one's self-perception (van der Putten et al., 2024).

### **Internalized Ableism and Self-Perception**

ADHD-related executive function deficits can impair daily functioning (Jóhannsdóttir et al., 2022). When unaware that their symptoms stem from a neurodevelopmental disorder,

women may internalize ableist beliefs about their capabilities, believing they should meet expectations as easily as neurotypical peers. Ableism is more than ignorance or negative beliefs about disabled people's capabilities, it is a pervasive expectation of perfection regarding bodies and behaviors (Khetarpal, 2017). In Jóhannsdóttir and colleagues' qualitative study on the implications of internalized ableism on the identity, health, and well-being of disabled people, they found that participants often experience shame from their persistent comparison to neurotypical standards. This finding was strengthened in Vincenti et al.'s (2023) systemic review of the quantitative and qualitative evidence of issues which marginalize females with ADHD. For late-diagnosed women, symptoms such as poor working memory, planning, and inhibitory control can make it challenging to achieve goals in neurotypical ways. In Smith and McVeigh's (2025) study on the experiences of stigma and social inclusion among adults with ADHD, they reported that symptoms manifest as difficulties in time management, organization, and completing tasks. These ongoing challenges, coupled with societal messages, may contribute to the adoption of ableist beliefs, particularly the notion that if they simply tried harder, they could succeed. As a result, women often experience shame and persistent comparison to neurotypical standards (Vincenti et al., 2023).

The pressure to meet unattainable ideals may lead to burnout, perfectionism, and over-functioning. Exploration of internalized ableism in late-diagnosed women is crucial for understanding their self-perception and mental well-being (Attomie & Climie, 2023; Lynch et al., 2024). Even after diagnosis, deeply embedded societal narratives about gender and behavior may reinforce ableist standards. Thus, ableism and its internalization may fundamentally shape self-perception and contribute to how late-diagnosed women view their abilities and challenges. Although the findings of Jóhannsdóttir et al. (2022) were based on responses from mixed gender participants with varying impairment types, 11 of the 21 participants were women. Additionally, one of the four focus groups used in their study included solely women participants,

and one included solely men participants as means to detect and accommodate possible gender differences during discussions. Because the sample size was relatively small, heterogeneous, and included participants with different impairments, the findings may have limited generalizability to late-diagnosed women with ADHD. Furthermore, the study may under-represent issues particular to having a late-diagnosis such as the study including participants who were disabled at birth.

### **The Impact of Receiving a Diagnosis on Self-Perception**

Receiving a diagnosis can play a transformative role in improving self-perception for women with ADHD. Morgan (2023) noted that, along with feelings of grief and loss, many women shift from self-criticism to self-compassion and develop new, more positive narratives about their strengths and resilience. When women understand the disorder, they can interpret challenges as stemming from biological causes rather than personal failings. Diagnosis provides an explanation for feelings of difference, enables connections with others who share similar challenges, and offers access to supportive resources. Research indicates that diagnosis benefits late-diagnosed women by alleviating self-blame, fostering advocacy, and helping them separate their identity from their symptoms (Attoe & Climie, 2023; Morgan, 2023; Craddock, 2024). In addition to transforming self-narratives, diagnosis can help women understand long-standing feelings of inadequacy and misfit among peers. Bradley et al. (2025) conducted semi structured interviews with 11 adult women to determine what ADHD meant to them, what possibilities and differences they attributed to their ADHD, and if and how these factors impacted their life. The finding concluded that women, when properly diagnosed and provided with an accurate, positive understanding of ADHD, are more likely to experience empowerment and self-discovery that helps them to understand themselves, their behaviours, and differences which can support the formation of peer connections, increase social support, and positively influence self-esteem in individuals with ADHD. Similar results were found in Morley and

Tyrrell's (2023) study on the personal experiences of adult, female university students with ADHD, and the impact of such experiences on social, academic, and psychological functioning. As noted, feeling a sense of acceptance and belonging promotes higher self-esteem in individuals with ADHD (Hossain & Bain, 2025).

### **Outcomes of a Diagnosis on Self-Perception**

Receiving a late ADHD diagnosis offers women an opportunity to recognize their unique strengths and form a holistic view of themselves not solely defined by difficulties. While assessment is often seen as highlighting deficits, it can also provide a profile of personal strengths (Márquez-Caraveo et al., 2021). However, stigma and misunderstandings may arise from lack of awareness about the positive aspects of neurodevelopmental differences. Maw et al. (2024) propose that if families and society could recognize both the challenges and potential benefits, there would be more acceptance of diagnoses. Thus, adopting a more positive, neuro-affirmative perspective acknowledges that neurodivergent individuals can perform as well as or better than neurotypical peers (Maw et al., 2024). Maw and colleagues advocate for this optimistic, individual-focused approach in their critical review of the cognitive strengths in neurodevelopmental disorders, conditions, and differences. In Wurth et al.'s (2025) quantitative study on young adults with ADHD and/or autism spectrum disorder (ASD), the researchers sought to understand how participants made sense of and related to their diagnosis, including their levels of agreement and acceptance of it, masking experiences, perceived advantages and difficulties, and the relationships among these factors and overall quality of life. They found that although participants identified both benefits and challenges related to their diagnosis, perceived benefits were most strongly associated with quality of life. This emphasizes the value of clinical and psychoeducational approaches that move beyond deficit-based models to a more balanced view on neurodevelopmental diagnoses that includes strengths that can facilitate support and reduce stigma for individuals with neurodevelopmental disorders. Although their

study included mixed genders, 79% of the 1056 participants were women who had been late-diagnosed with either ADHD, ASD, or both.

Because of the strong overlap between the two diagnoses, with ADHD presenting in 30-80% of individuals with ASD, and ASD presenting in 20-50% of individuals with ADHD (Lau-Zhu et al., 2019), the generalizability of the results between groups is a logical extension. However, the representativeness in their sample could be questioned as most participants were either employed or studying. Thus, findings may not generalize the larger population of individuals with ADHD, as it has been found that individuals with ADHD are less likely to attend university (Dupaul et al., 2021; Bradley et al., 2025) and are more likely to experience various adverse employment outcomes such as lower performance at work, higher turnover rates, and higher unemployment rates a higher risk of unemployment (Holthe & Langvik, 2017; Hotte-Meunier et al., 2024).

The assessment procedures that lead to a diagnosis can help late-diagnosed ADHD women find areas of strength and build self-perceptions around their given skillset. This may aid in assisting women to seek out employment opportunities where they can utilize their skillsets and demonstrate their strengths. According to Sedgewick et al.'s (2019) study exploring the strengths of individuals with ADHD, finding positive attributes can support and sustain high functioning and flourishing. This finding is consistent with Schippers et al.'s (2022) study on the self-reported positive characteristics of individuals with ADHD, which found that awareness of the positive aspects of ADHD may foster greater acceptance and adaptive coping among individuals and within their social environments, while supporting educational and occupational choices that best align with their unique strengths. However, Sedgewick's sample consisted of adult males, who were reportedly high functioning and successful, limiting the generalizability of these results to women and individuals with lower levels of functioning or employment.

Schippers et al.'s (2022) study sample was with mixed genders; however, 129 of the 206

participants were women, allowing for greater insight into women's perceptions of the positive aspects of ADHD. However, many participants in Schipper et al.'s study were employed, therefore the findings may not generalize to populations with lower employment levels.

Crook and McDowall's (2023) conducted a qualitative positive-focused study exploring the career stories of ADHD adults across varied work contexts to understand how they utilized their respective strengths and navigated career successes. They used the feedforward interview technique with nine women and eight men aged 31 to 69 who had been diagnosed in mid-late adulthood. The feedforward interview technique provides an alternative discussion format where the interviewer is focused on listening and understanding the interviewee while guiding them through a process to identify performance strengths (Budworth & Latham, 2024). Using narrative thematic analysis, the researchers found that participants reported increased self-esteem and greater self-acceptance regarding their performance and abilities across professional, academic, and social domains following their diagnosis, as they learned to understand themselves better and become more aware and appreciative of their strengths. These findings suggest that a diagnosis can help late-diagnosed women find treatment that deconstructs previously held, unhealthy self-narratives and build on their neurodivergent strengths, leading to enhanced positive self-perception. This is in line with Dabrowski's theory of positive disintegration (Ginapp et al., 2020; Dabrowski, 1964).

### **Barriers to Accessing Appropriate Care and the Impact on Self-Perceptions**

Late-diagnosed women face many challenges when seeking support for their ADHD-related difficulties (Young et al., 2020; Morley & Tyrrell, 2023; Craddock, 2024). Difficulty in accessing appropriate care is a risk factor for developing negative self-perception in late-diagnosed women with ADHD (Huynh, 2024). Conversely, accessing appropriate care can buffer negative self-perceptions and allow women to reform their identities post diagnosis. With

a better understanding of the basis of their challenges, women may experience a reduction in self-blame, increase in self-acceptance, and higher levels of self-esteem (Huellemann et al, 2023).

Babinski and Libsack's (2024) study highlights the barriers that women face after receiving their diagnosis, including difficulty accessing appropriate care. Many women experienced difficulties accessing healthcare that was tailored to their specific experiences, including finding providers with adequate training in the identification and treatment of adult ADHD. Barriers included clinicians' reluctance to acknowledge ADHD as the primary diagnosis when comorbidities were present and hesitancy to initiate stimulant medication as a first-line treatment (Babinski & Libsack, 2024). Additional obstacles involved substantial out-of-pocket costs due to insurance limitations, as well as challenges in securing continuity of care and long-term symptom management (Babinski & Libsack, 2024). Women also reported the psychological toll of anger and disappointment upon recognizing the extent of time, resources, and suffering expended trialing treatments for comorbid conditions that ultimately proved ineffective and were often accompanied by adverse side effects. Furthermore, Babinski and Libsack (2024) observed that many women expressed frustration at the limited availability of evidence-based treatment options beyond stimulant medication for ADHD management. Kok et al. (2020) found that many women, after being diagnosed, were offered stimulants but no long-term treatment options to help them navigate the new diagnosis. Many women were recommended therapy to help them navigate challenges, but few practitioners acknowledged the need to retroactively address the grief that came from realizing much of the low self-esteem and self-blame incurred throughout the span of their lives was due to having a hidden disability (Bauer, 2025).

Without appropriate acknowledgement of the impacts that late diagnosis has on their self-perceptions, women may continue to hold negative self-perceptions and fear further

stigmatization around the diagnostic label (Young et al., 2020; Vincenti et al., 2023). After receiving a life-changing diagnosis that provides an explanation for lifelong challenges, women may feel overwhelmed, confused, and need psychoeducation to combat the stereotypes and misconceptions they may hold around the disorder (Sedgwick-Müller, et al., 2022). There is a lack of consideration that many late-diagnosed women need therapy to not only help them find tools and learn to work with their neurodivergent brains, but also to deconstruct old self-perceptions, process the grief around not knowing the cause of their lifelong struggles, and help them incorporate self-compassion, self-advocacy, confidence, and self-understanding. By incorporating these elements into treatment, clinician can support late-diagnosed women with ADHD in re-establishing new self-perceptions and embracing the strengths inherent in neurodivergent minds (Morgan, 2023; Maw et al., 2024; Witteveen & O'Hara, 2025).

### **Limitations**

It is important to note that some of the studies reviewed included participants who were self-diagnosed or did not meet the threshold to be clinically diagnosed with the disorder. This brings into question the validity of some of the findings. Conversely, there is ample evidence that ADHD is underdiagnosed in females (Attoe & Climie, 2023; Cradock, 2024; Vincenti et al., 2023; Young et al., 2020; Holden & Kobayashi-Wood, 2025), suggesting that excluding the self-diagnosed participants may also overlook the experiences of many undiagnosed and misdiagnosed women. Studies by Attoe and Climie (2023), Aoki et al. (2020), and Babinski and Libstack (2024) had relatively small sample sizes that limited the representativeness and generalizability of their findings. Similarly, much of the existing research draws on highly educated, employed, and predominantly White, urban residing participants, often through convenience samples (Holthe & Langvik, 2017; Visser et al., 2024; Mylett, 2022). As such, women from lower educational or socioeconomic backgrounds, rural settings, and culturally diverse communities remain underrepresented.

Most studies investigating the experiences of late diagnosed women were done through qualitative methods, such as semi-structured interviews, focus groups, and questionnaires that required them to reflect on and reinterpret past experiences. While these methods of collecting data offer depth and detailed accounts for which researchers can interpret and find themes, they are subject to researcher interpretation. Additionally, these methods may introduce recall bias; as participants may be motivated to report more extreme emotional experiences, misremember, reinterpret their experiences differently, or selectively frame their narrative. Several studies were cross-sectional and focused on women who had been recently diagnosed, which may represent initial emotional responses rather than longer-term identity. Future research using longitudinal studies could provide richer insights into how women's self-perceptions evolve over time after being diagnosed.

Another limitation was the lack of control groups included in studies, and lack of information comparing late diagnosed women's experiences with late diagnosed men's experiences. Further complexity lies in the limitation that many women included in the studies were university students or professionals who had education and greater access to resources and support. Fuller-Thomson et al. (2016) state that females with ADHD were less likely to hold a post-secondary degree and more likely to belong to a low-income category, suggesting higher numbers of undiagnosed ADHD women's experiences are not included in the literature, and may go underserved and unnoticed (Ginsberg et al., 2014; Green & Rabiner, 2012). This poses a significant bias, as individuals from lower socio-economic privilege are disproportionately affected by limited access to diagnostic services, and may face a double disadvantage of experiencing heightened cognitive and emotional challenges while being ineligible for formal accommodations and support available for those with a diagnosis (Ryder et al., 2025).

Additionally, ADHD diagnostic criteria are based on westernized ideals and therefore a higher prevalence of ADHD is reported in the white American population compared to African, Hispanic, and Asian American populations (Shi et al., 2021; Shalaby et al., 2023). The

prevalence of dominantly White, western samples and Eurocentric frameworks presents the risk of reinforcing gendered and cultural biases that overlook the diverse, intersectional experiences of women with ADHD worldwide (Ginapp et al., 2023). Future research examining the impacts of late diagnosis amongst women with diverse cultural, ethnic, and socioeconomic backgrounds would be beneficial to strengthen the understanding of how this phenomenon impacts their self-perceptions, particularly when additional marginalization associated with minority group membership is factored in.

### **Ethical Considerations**

It is important to consider the research ethics associated with examining the impacts of a delayed diagnosis on the self-perceptions of women with ADHD. According to the Tri-Council Policy Statement (TCPS), the core principle of Respect for Persons pertains to treating participants who have ADHD (or present with ADHD traits) with respect and viewing them as human beings separate from their diagnosis. Their autonomy in participating, withdrawing, and engaging in the research process is required, especially in seeking their free, informed, and ongoing consent throughout the process. This includes making the appropriate accommodation for comprehension, including allowing increased time during the informed consent process, as well as any aspects of participation. The TCPS adds that Respect for Persons also includes commitment to accountability and transparency in the ethical conduct of research. For women with ADHD, depending on the severity of symptoms, they may have limitations in exercising autonomy due to not understanding or having inadequate information for deliberation, or a lack of freedom to act due to low self-esteem that predisposes them to controlling influences or coercion. For late-diagnosed women, stigma and prior negative experiences with services can create situational vulnerability that must be addressed, but it should not be assumed that due to their diagnosis or subsequent mental health issues that they are incapable of consent.

Other considerations include barriers participants have in accessing resources outside of the research study. As emotional topics are discussed in much of the research, participants should be reminded that they are able to pause or withdraw from participating at any time. As much of the research in this review involved participants discussing their history, lived experiences dealing with undiagnosed ADHD, navigating symptoms, and combating judgment and rejection from others, it is important to ensure data is kept confidential and there is careful consideration of participants' privacy. De-identification and paraphrasing are used, and contextual details must be left out when data is published or shared. Risks of participating and the emphasis on keeping participants' privacy and confidentiality are requirements that should be explained in the initial consent process.

It is important for researchers to acknowledge that discussing lived experiences with undiagnosed ADHD can trigger shame, sadness, grief, depression, and even cause retraumatization in participants. Screening for current crises, incorporating distress protocols, having immediate referrals, and low-cost resources for participants to utilize can act as mitigations for minimizing harm. Researchers should be trauma-informed in how they collect data by using non-stigmatizing language and knowing referral sources. This aligns with the College of Alberta (CAP) *Standards of Practice* (2023) and the Canadian Psychological Association (CPA) *Code of Ethics* (2017) pertaining to competence and safe practice in psychologists.

When conducting research, it is important to consider studies that include participants with intersectional identities (race, socioeconomic status, gender identity) so findings do not generalize from a narrow sample, as TCPS and CPA guidance encourage fairness and cultural competence. Using deficit or pathologizing language can perpetuate stigmas and shame in late-diagnosed ADHD women. Using person-first, identity-affirming language is a part of CPA's non-discriminatory practice (2017). When reporting findings on internalized ableism and its influence

on the self-perception of late-diagnosed women, framing internalized ableism as a structural stigma rather than an individual deficit helps reduce re-stigmatization risks on dissemination.

### **Adherence to Ethical Standards in the Literature**

The studies reviewed demonstrate varying degrees of adherence to core ethical principles, including respect for persons, beneficence, non-maleficence, and justice. The studies included in this paper examining the impacts of late ADHD diagnosis on the self-perceptions of women with ADHD reflects intentional and conscientious ethical practice, particularly in areas of informed consent, participant confidentiality, and researcher reflexivity. However, there are multiple areas where ethical considerations could be strengthened, pertaining to inclusivity, cultural sensitivity, and the management of potential emotional impact in recalling distressing experiences due to ADHD-related challenges that went unidentified or misunderstood.

Attoe and Climie (2023) demonstrated strong adherence to ethical standards. They were transparent about their positionality, and acknowledged their potential bias given the authors' lived experience with ADHD. Their approach aligns with the Tri-Council principle of respect for persons, as they sought to represent women's voices authentically without overgeneralization. Their commitment to amplifying the experiences of women who were underdiagnosed aligns with beneficence and justice. However, their findings were based on retrospective self-reports that introduce the risk of emotional distress when participants reflect on past invalidating experiences. Although researchers generally obtained informed consent, there was evidence of a lack of explicit debriefing or resources for psychological support, suggesting limited adherence to non-maleficence—the obligation to minimize harm.

Qualitative investigations such as Aoki et al. (2020) and Baig and Kahya (2025) adhered well to ethical guidelines concerning informed consent and participant anonymity, particularly given their use of sensitive interviews exploring diagnostic experiences. Both studies employed pseudonyms and secure data storage methods to protect confidentiality, consistent with respect

for privacy and dignity. However, these studies could have strengthened their ethical approach through greater attention to justice. Their samples were small and primarily reflected the experiences of White, educated women, limiting representation of diversity of ethnic backgrounds, and socio-economic groups. This underrepresentation reflects an ethical limitation common across ADHD research, wherein Western perspectives dominate and cultural variability in diagnostic experience is underexplored.

Babinski and Libsack's (2024) mixed-methods investigation of adult ADHD diagnosis in women illustrates thoughtful ethical engagement, integrating quantitative rigor with participant-centered qualitative narratives. Their design incorporated informed consent, voluntary participation, and de-identification procedures that align with respect for persons and beneficence. Notably, they discussed their ethical obligation to amplify marginalized voices while maintaining neutrality, an ethical responsibility that adheres to CPA's principles of integrity and social responsibility. However, like many others, their recruitment through online communities introduces sampling bias, raising ethical questions about inclusivity and the accessibility of research participation.

More broadly, qualitative studies in this area (e.g., Holthe & Langvik, 2017; Bradley et al., 2025; Khindeg et al., 2025) frequently demonstrate strong ethical consideration of participant wellbeing but less attention to structural justice. While they often employ trauma-informed interviewing and reflexive thematic analysis, they rarely address systemic inequities in research design or acknowledge intersectional identities (race, class, disability). From an ethical standpoint, this gap limits adherence to justice and respect for diversity of both the TCPS (2022) and Code of Ethics (CPA, 2017). Future research should expand ethical focus to include equitable representation and culturally sensitive approaches to diagnosis and stigma.

Most studies exhibited solid ethical adherence by ensuring informed consent, protecting privacy, and demonstrating researcher reflexivity. However, a consistent limitation across the literature is insufficient attention to equity, inclusion, and intersectionality in participant

recruitment and analysis. While some researchers (e.g., Attoe & Climie, 2023; Babinski & Libsack, 2024) thoughtfully reflected on their positionality, others (e.g., Abdelnour et al., 2022) could improve by addressing the ethical implications of how diagnostic discourse may reinforce or challenge stigma. Therefore, although there are demonstrations around the awareness of ethical research practice, there remains a pressing need to expand beyond procedural ethics toward a more critical, justice-oriented ethical engagement with the lived realities of women navigating late ADHD diagnosis.

### **Findings and Critical Analysis**

Overall, the literature suggests that a delayed diagnosis of ADHD in women profoundly impacts their self-perceptions by intersecting gender bias, stigma, masking, internalized ableism, and barriers to care as influencing factors that hinder the development of a healthy self-perception. Across studies, women present narratives of their lifelong struggles to conform to gendered expectations that conceal their symptoms and delay recognition of ADHD. The impacts that negative perceptions from others and internalized ableist ideals have on women's self-blame and diminished self-worth are profound, reinforcing cycles of self-stigma, shame, and masking that hinders authentic self-acceptance and healthy identity formation, leading to negative mental health outcomes. The absence of early identification and support compounds these effects. Negative perceptions from others marked by judgement and criticism further amplify internal negative feelings of being different and inadequate (Šoková et al., 2025). These negative perceptions and public stigmas shape late-diagnosed women's self-perceptions, causing them to internalize other's views of them, experience feelings of low self-esteem, shame, and self-blame, and develop internalized ableism (Craddock, 2024). In turn, these factors often contribute to the use of masking and compensatory strategies to fit in (Mylett, 2022). Overfunctioning to meet societal standards, suppressing aspects of their identity, and falling victim to perfectionism, burnout, and people pleasing are all coping strategies that are

frequently accompanied by feelings of helplessness, inauthenticity, anxiety, and depression in late diagnosed women (Young et al., 2020; Ramsay, 2021; Morley & Tyrrell, 2023). Late diagnosed women may experience feelings of helplessness when they are unable to meet the expectations they set for themselves, and that society expects of them. This leads to detrimental impacts on women's self-perceptions when the pressures to adhere to societal and gender norms coupled with internalized ableism leads to the development of masking strategies which reinforce the idea that women must act in accordance with what is expected of them in order to be accepted by others and excel at work, home and in their social lives (Young et al., 2020; Baig & Kahya, 2025).

Furthermore, late-diagnosed women's experiences of being minimized, misunderstood, and misdiagnosed by health care professionals can cause feelings of disempowerment and self-doubt (Holden & Kobayashi-Wood, 2025). After a woman's lifelong struggles with undiagnosed ADHD, receiving a diagnosis later in life may either be transformative or lead to further disempowerment and mistrust in the health care system. A diagnosis can be transformative when clinicians acknowledge the necessity for treatment to go beyond short-term solutions for symptom management and retroactively address late-diagnosed women's grief around unknowingly living with a disorder that has shaped core aspects of their identity formation. Late-diagnosed women, having developed many of their self-beliefs around their perceived flaws that were consequences of ADHD symptoms, often need more than stimulant treatment to help them manage symptoms, as the shame and negative self-beliefs they developed due to their undiagnosed ADHD frequently contributes to the exacerbation and perpetuation of their symptoms and mental health challenges.

A diagnosis, despite being late, can help women separate themselves from their challenges and find support in navigating their new life changing diagnosis when therapeutic treatment extends beyond focusing on surface level symptom management and retroactively examines the internalized beliefs that many women have developed about their capabilities to

meet their responsibilities and function at home, school, work, and in their relationships. Without acknowledging this pivotal aspect of treatment, late-diagnosed women are at risk of continuing to hold negative self-beliefs that influence their ability to positively navigate their diagnosis, contributing to negative mental health outcomes including increased risk of anxiety, depression, substance use disorders, eating disorders, self-harming behaviours, suicidality, domestic abuse, physical health issues, and early mortality (Elkins et al., 2020; Attoe & Climie, 2023; Huynh et al., 2024). Therefore, a late diagnosis has the potential to positively impact women's self-perceptions when it comes along with appropriate support to reconstruct women's self-perceptions after years of shame and self-blame for their ADHD-related struggles.

Obtaining a diagnosis often marks a transformational shift that allows women to reframe their past through a lens of understanding and self-compassion (Babinski & Libstack, 2024; Morgan, 2023). This allows them to reconstruct more affirmative identities that incorporate their strengths (Crook & McDowall, 2023). These findings demonstrate that late diagnosis is not just a clinical label, but a life-changing psychological process with empowering implications for self-concept, mental health, and well-being (Bradley, 2025). A diagnosis has the potential to positively impact the self-perceptions of women with ADHD when they are able to differentiate their identity from their symptoms and build a healthy self-perception that includes acknowledgement of their challenges and illuminates their resiliency and unique strengths. However, it is the delay in diagnosis that can adversely shape women's self-perceptions, as many spend years unaware of the underlying cause of their challenges and instead interpret these difficulties as personal shortcomings.

Grounding this review in social constructivism allows for a deeper understanding of how women's self-perceptions are influenced through ongoing exposure to social expectations, gendered stereotypes, and ableist assumptions around capabilities and functioning. Social constructivism emphasizes that identity is not shaped in isolation and is continuously formed through social meaning-making processes (Naeem et al., 2023). Applying this lens enabled the

analysis to consider the overarching socially constructed narratives that reinforce that ADHD symptoms such as emotion dysregulation, impulsivity, and executive dysfunction in women are viewed as deviancy and personal deficits rather than symptoms of a neurodevelopmental condition. This theoretical perspective highlights how stigma, masking, and internalized ableism develop through women's attempts to navigate and meet constructed gender norms, and how a delayed diagnosis prolongs the internalization of negative societal scripts. By using social constructivism to interpret the literature, this review illustrates how women's self-perceptions are profoundly shaped by their social environments, and why reconstructing these perceptions after diagnosis requires therapeutic approaches that challenge these socially constructed beliefs.

Although the findings of this review emphasize the role of gender bias, stigma, internalized ableism and barriers to care in shaping the self-perceptions of late-diagnosed women with ADHD, an alternative perspective may argue that these outcomes stem less from social forces and more from the inherent functional impairments associated with ADHD itself. A challenging perspective may suggest that negative self-perceptions arise primarily because symptoms like chronic disorganization, emotion dysregulation, and executive dysfunction inherently contribute to repeated distress that naturally leads to an individual viewing themselves in a negative way over time, regardless of gender norms or societal expectations. This stance would assume that emotional and psychological challenges are a part of the neurobiology of ADHD and therefore assumes that the symptoms themselves are the cause negative self-perceptions, rather than the delay in diagnosis. Supporters of this perspective may assert that focusing on social and gender factors underestimates the central role of brain-based mechanisms and the chronic, lifelong nature of ADHD symptoms.

Alternatively, some may challenge the social constructivist lens and argue that gendered interpretations of ADHD are overexaggerated. This alternative view may argue that diagnostic delays occur for both men and women and are more related to the systemic resource constraints and financial barriers than to patriarchal and ableist biases. Advocates of this view

may suggest self-perception is more strongly shaped by exposure to chronic stress, socioeconomic hardship, and inconsistent access to care than by gendered expectations. Accordingly, proponents of this stance may assert that clinicians should focus on improving structural supports rather than strengthening gender-specific pathways.

Overall, this review underscores the need for earlier diagnoses of ADHD in women, and more inclusive, gender-specific, neuro-affirmative approaches in both research and counselling practices (Young et al., 2020; Attoe & Climie, 2023; Baig & Kahya, 2025). These insights provide a basis for the forthcoming discussions and recommendations, which will explore how these themes can inform therapeutic interventions, psychoeducation, and advocacy approaches that support identity reconstruction and self-acceptance among late-diagnosed women.

## **Chapter 4: Application to Clinical Practice**

The results of the literature review suggests that late diagnosed women are predisposed to having negative self-perceptions. This is due to their lack of awareness around the basis of their lifelong challenges with inattention, impulsivity, focus, executive functioning, and emotion regulation (Young et al., 2020). Due to challenges in these areas, women experience many obstacles that hinder their ability to develop healthy and positive self-perceptions (Attoe & Climie, 2023; Holden & Kobayashi-Wood, 2025). Gender biases from health professionals, pressures to conform to gender and social norms, and the adoption of societal ideals on what it means to be normal, feminine, acceptable, and successful negatively impact women's ability to navigate their symptoms.

### **Application to Therapy**

For aspiring practitioners working with female clients who experience anxiety, low self-worth, interpersonal difficulties, and challenges with task and responsibility completion, it is essential to consider whether these struggles may stem from undiagnosed ADHD. Enhancing one's knowledge of how ADHD presents in women is a critical yet often underdeveloped clinical skill that can greatly enhance therapeutic practice. This awareness enables clinicians to more accurately identify when it might be appropriate to explore the possibility of ADHD in women presenting with relevant symptoms and to provide psychoeducation that empowers women to better understand their experiences and advocate for appropriate assessment and support. Adding insights and knowledge to this growing area of the field also benefits the broader mental health field by promoting more accurate recognition and diagnosis of ADHD in women.

It is important to support late diagnosed women with ADHD by providing more than symptom management and include the process of identity reconstruction post diagnosis. Helping late-diagnosed women separate their identities from their symptoms is an important step to support positive mental health outcomes for this population. By deconstructing their

identities, late-diagnosed women will be better equipped to step away from deficit-based perceptions of themselves, reflect on the strengths in their neurodiversity, harness their skills, recognize opportunities for unique outcomes, and utilize the appropriate tools and resources that will allow them to find success in areas of their life where they previously struggled to adapt to neurotypical ways of functioning (Craddock, 2024; Holden & Kobayashi-Wood, 2025; Bradley et al., 2025).

### **Factors Informing the Use of Research Findings**

Current research has highlighted the impacts and consequences of late-diagnosis of ADHD in women, adding insight into the negative impacts that a delayed diagnosis has on women's self-perceptions (Holthe & Langvik, 2017; Attoe & Climie, 2023, Morgan, 2024; Holden & Kobayashi-Wood, 2025). The findings that late-diagnosed women are at risk of higher rates of negative self-perceptions aids in informing clinicians in supporting this population by demonstrating the need for counsellors to address identity concerns rather than solely focus on symptom management in treatment planning. While existing research has demonstrated the stigmatization that many people with ADHD experience due to the challenges their symptoms pose on their interpersonal, personal, and professional lives (Mueller et al., 2012; Speerforck et al., 2019; Beaton et al., 2022;), the delay in diagnosis and pressures to adhere to gender and social norms adds further complexity to the experiences of women with late-diagnosed ADHD (Young et al., 2020; Holden & Kobayashi-Wood, 2025; Kooij et al., 2025). The results of the current review suggest a need to incorporate interventions tailored to identity reconstructing in late-diagnosed women with ADHD. By dismantling previously held unhelpful, negative self-beliefs, women can begin a renewed process of identity formation separate from perceived shortcomings and flaws, and reconstruct their self-concept to encompass their strengths and resilience in navigating a diagnosis that remained unrecognized for much of their lives. Understanding the research around the negative biases and stereotypes of ADHD can help

clinicians deconstruct unhelpful and misinformed societal views on ADHD, and advocate for a healthier understanding of individuals with ADHD that includes acceptance and self-compassion.

## **Legislation**

In Canada, protections and inclusion efforts through legislation, such as the Canadian Human Rights Act (1977) and the Charter of Rights and Freedoms (1982), recognize disability as a protected category; these documents were created to enforce social accommodations and to facilitate inclusion. This has extended over time to people with invisible and neurodevelopmental conditions like ADHD, meaning individuals with this diagnosis cannot legally be denied employment, housing, or services based on their diagnosis. The Employment Equity Act (1985/1955) and the Accessible Canada Act (2019) allowed ADHD to be understood as a condition that may require workplace accommodations. Provincial education policies in the 1980s mandated access to special education so that children with ADHD could access individualized education plans, accommodations, and support services. These laws and policies have helped to shift disabilities like ADHD from being seen as tragic deficits and incompetencies to being acknowledged as conditions requiring structural support (Barton, 2018). Despite these legal advances, women with ADHD who are diagnosed later in life, and the many who continue to go undiagnosed or misdiagnosed throughout their lives, continue to face systematic gaps in diagnosis, treatment, and accommodation. This underlines the need for policy reform and social advocacy to ensure that gender differences in ADHD presentations are accounted for in the diagnostic criteria and assessment processes. This change would be instrumental in allowing more women to experience more positive mental health outcomes, acquire academic and workplace accommodations, public health funding, and support to navigate the challenges their diagnoses may bring. Expanding clinician education on female ADHD presentations, increasing access to diagnostic services and support, and promoting neurodiversity-inclusivity in schools

and workplaces would align with the intent of existing Canadian Human Rights and Accessibility legislation while addressing ongoing inequities. Integrating an understanding of the laws and rights of individuals with neurodevelopmental disorders can support clinicians in developing person-centered, neuro-affirmative approaches that promote anti-oppressive practice, and that embrace diversity and emphasize strength-based approaches to healing. These measures assist in promoting a social shift towards inclusion and recognition of neurodivergent women as crucial to diversity, equity, and inclusion initiatives.

Additionally, clinicians should be conscientious about clients' biases or beliefs around disability when referring to ADHD as a disability, as this notion could be unhelpful among some late-diagnosed women who may view this label as infringing on their sense of agency to overcome challenges related to their symptoms. Additionally, this label may contribute to negative self-perceptions due to inherent ableist scripts in society. Exploring client's relationship with the term disability is a useful tactic to navigate ambiguity and normalize diversity for clients (Sue et al., 2022). Nevertheless, understanding the notion that ADHD is considered to be an invisible disability, as many traits and symptoms are not readily apparent compared to more easily observable physical disabilities, is helpful in adopting the social model of disability as a means for navigating self-compassion around the diagnosis (McLeod, 2023). Through this understanding, clinicians can help clients unpack their beliefs and values and separate their values from those of society, which often views disabilities as abnormalities that need to be cured or eradicated (Zaks, 2023).

Differentiating therapeutic treatment from medical treatment, which often follows the medical model of disability, clinicians can help clients understand the inherent societal scripts that reinforce the notion that the goal of medical care is to help the bodies and brains of disabled people return to functioning that adheres as closely as possible to societal standards of "normal." According to Barnes (2018), the fundamental assumption of the medical model is that disabled people are responsible for the consequences of their presumed or actual impairments

and must learn to accommodate to societal norms rather than expecting society to accommodate them. It is important for clinicians to consider the ways in which the Diagnostic and Statistical Manual of Mental Disorders fifth edition (DSM-5) views neurodivergent conditions as deviations from the social norm, and how treatment has been previously assumed to focus on helping clients conform to functioning in ways that align with the conventional, neurotypical, normate world.

Rather than focusing treatment on symptom management, a clinician informed by the impacts of late-diagnosed ADHD in women, can help clients shift away from beliefs that intrinsically motivate them to adhere to neuro-normative ideals, and help them adopt views based on the social model of disability, which blames barriers and inequalities in society for disabling those with challenges navigating the normative world (Barnes, 2018). In the social model, disability is seen as an aspect of a person's identity, much like race, ethnicity, and gender. From this view, there is a mismatch between the disabled person and the environment that results in disability. It is the environment that creates the handicaps and barriers, not the disability; thus, the way to address this is to adapt to the environment and society, rather than expecting people with disabilities to be the ones to conform (Olkin, 2022).

Stigma, discrimination, and oppression are the obstacles to change and inclusion as per the social model. According to von Sydow et al. (2024), systemic therapy is a psychotherapeutic method focusing on the social context of mental disorders. Given this, a systemic theoretical model of therapy, such as narrative therapy aligns with perspective of the social model of disability. Advocating for more education around ADHD and its impacts, deconstructing the stigmas and stereotypes around the disorder, and assisting clients in understanding the way the disorder impacts their abilities to function can help to foster self-acceptance, normalize neurodiversity, and build client's self-confidence in advocating for accommodations and supports in their lives.

## Cultural Differences

Cultural factors also play a significant role in shaping how ADHD manifests and is understood in women. It is especially important to take a culturally competent approach when working with clients of diverse ethnic, racial, and cultural backgrounds to explore and understand their challenges without imposing bias based on Western assumptions and understandings of ADHD's manifestation and presentations (Zhu et al., 2023). It is important to be well-informed on how different cultural norms may influence the results of this review. For example, women from cultures that are more collectivist may experience heightened levels of masking due to the emphasis on collective well-being over individual well-being, requiring women to adapt their behaviours to benefit society and uphold their roles within their social network (Millner et al., 2021; Yildiz et al., 2025; Tayeb et al., 2025). In such contexts, women's ADHD symptoms may be even more difficult to identify given the complexities of female gender norms cross culturally. Alternatively, some cultures' expression of ADHD may not fit the diagnostic criteria outlined in the DSM and be labelled as another disorder (Song, 2024). Additionally, women who come from cultures where behavioural and mental health challenges are not encapsulated by the DSM criteria may find it difficult to reconcile their lived experiences with dominant understandings of ADHD that are based on White, Western norms. This complicates the ability to generalize existing research findings to other cultures due to the westernization of mental health challenges and lack of research on samples from non-dominant cultures. Furthermore, some women from collectivist cultures may not resonate with the neuro-affirmative approach of this review that promotes acceptance of diversity and calls for society to be more inclusive of individual differences. Helping clients to explore their values and deconstruct their beliefs may not lead to clients adopting westernized ideals that lean towards individualism and acceptance of their differences due to ADHD. In such cases, clinicians can

still support them in finding culturally congruent ways to manage symptoms, fostering self-advocacy, and promoting and support within their communities and social networks.

### **Recommendations for Therapeutic Intervention**

Given that much of the research reviewed was comprised of mainly Western, White and university educated samples, the results of this review largely reflect the experiences of individuals who possess the fundamental cognitive and financial means to understand the complexities of their mental health, access mental health supports, and pursue an ADHD diagnosis to become late diagnosed in the first place. This highlights the need for clinicians to remain aware of the intersectional factors such as gender norms, culture, socioeconomic status, and educational access that shape how ADHD is experienced and expressed across diverse populations. Further research is still needed on the interplay between gender norms and ADHD symptoms in non-western cultures and those who come from lower socioeconomic backgrounds, lower educational attainment, or those who belong to minority groups, as these groups may face unique barriers to diagnosis and treatment. Considering that ADHD can cause academic and occupational difficulties, this may lead to women with ADHD and lower levels of education being unaccounted for due to most of the samples being drawn from university student populations. It is important for clinicians to consider how belonging to one of these underserved groups may exacerbate symptoms or influence the presentation or concealment of their ADHD. Moreover, late-diagnosed women with ADHD who come from lower-socioeconomic statuses may struggle to access ongoing treatment and support after diagnosis due to the large financial and time investments required. Belonging to one of these underserved groups may exacerbate symptoms or influence the presentation or concealment of their ADHD.

Based on the findings from this review, clinicians may best support clients in navigating their late ADHD diagnosis by using an approach that deconstructs unhealthy self-concepts and reconstructs identity based on women's strengths and resiliencies. An approach that helps to

accomplish this treatment goal would be using a narrative framework which is non-blaming and centers clients as experts in their lives (Morgan, 2000). Since narrative therapy is a non-pathologizing approach, using formal assessments or diagnosing clients is not necessary to treatment planning. This approach helps clients elicit change in their lives by highlighting unique outcomes, emphasizing preferred narratives and new possibilities within client's multistoried lives (White & Epston, 1990; Combs & Freedman, 2012). Utilizing narrative therapy interventions like deconstruction and re-authoring helps to build self-confidence in women with late diagnosed ADHD and guides them to reformulate their life stories through a lens of forgiveness, compassion, and hope.

For example, through the intervention of deconstruction, therapy explores the social discourses that contribute to late-diagnosed women's self-perceptions. Clinicians guide clients to reflect on their unhealthy past narratives and identify the influencing societal narratives on the formulation of their negative self-perceptions. Identifying the larger societal scripts that have been engrained into them from a young age may involve exploring discourses around pressures to fit in, gender norms, femininity, and the culture of success and how these narratives may contribute to sustaining the life of the problem, perpetuating negative self-perceptions in women with ADHD. In narrative therapy, the intervention of deconstruction is a strategy that can help women process grief around their self-blame and re-establish whether they want to hold onto ideals and values that may no longer serve them, but were formed based on societal scripts of how feminine and neurotypical standards encourage a woman to act, behave, and function in order to achieve success in her life and be accepted by others (White & Epston, 1990). Deconstruction helps women step out of shame due to the standards they held themselves to, and to recognize when certain beliefs may no longer be serving a positive purpose in their lives and therefore need to be let go of. Afterwards, these beliefs can be re-adjusted to better foster a healthier self-concept and allow them to live more enriching lives.

In narrative therapy, reauthoring is an intervention that may be used after deconstruction to help women re-establish their sense of identity apart from their previously perceived flaws, and apart from their diagnosis. Through reauthoring, clinicians guide women to recognize their strengths and resiliency in navigating and functioning in society despite their struggles. Reauthoring also utilizes hope by highlighting the skills or strengths of late-diagnosed women and incorporating their tendencies to overcome and adapt as positive parts of their identity to be built upon. Through in-depth exploration of the stories of their lives, late diagnosed women reflect on their life stories and clinicians provide support in highlighting alternative story lines where late-diagnosed women have been able to overcome their challenges despite being undiagnosed (White & Epston, 1990). By thickening unique outcomes, alternate story lines that highlight clients' strengths and abilities to cope are emphasized and expanded upon (White & Epston, 1990). Clinicians can help clients refocus their understanding of themselves away from times where they have fallen into problem-saturated struggles to times when they acted in ways that align with their preferred outcomes. Highlighting the exceptions to their problem-saturated narratives can empower clients to reframe their identities based on times when they have demonstrated positive abilities and overcome the challenges associated with their ADHD symptoms.

## Chapter 5: Recommendations and Conclusion

This capstone sought to understand how a delayed diagnosis of ADHD impacts women's self-perceptions. Despite the rising phenomenon of late diagnoses in women, diagnostic criteria and research have historically focused on male presentations, leading to widespread underdiagnosis and mischaracterization in women (Hinshaw et al., 2021). Using a qualitative thematic analysis, this review synthesized existing literature on ADHD in women to examine how late recognition of ADHD impacts women's self-perceptions. Across studies, prolonged and unrecognized difficulties functioning in academic, professional, social, and familial contexts negatively affected women's self-esteem, contributing to the development of negative self-perceptions rooted in experiences of stigmatization, feelings of inadequacy from unmet responsibilities, and challenges conforming to neurotypical norms (Morgan, 2023; Attoe & Climie, 2023; Vincenti et al., 2023; Holden & Kobayashi-Wood, 2025). Contributing factors such as gender bias, societal expectations of femininity, stigmatization, masking behaviors, ableist beliefs, and difficulty accessing appropriate treatment often led women to assume their ADHD-related difficulties are due to personal shortcomings. Furthermore, these factors concealed symptoms and reinforced negative identities in women with late-diagnosed ADHD (Mylett, 2022; Young et al., 2020).

The findings of the current review highlight that while receiving a diagnosis can evoke relief through increased self-understanding and reduced self-blame, it can also provoke grief over years spent misjudging oneself through a neurotypical lens (Morgan, 2023; Bauer, 2025). Structural barriers including limited clinician knowledge of female presentations, disparities in accessing diagnostic and therapeutic services, and financial constraints can hinder post-diagnostic support. This review emphasizes the need for clinicians to shift clinical work beyond symptom management towards identity-focused, neuro-affirmative, gender-informed approaches that support identity reconstruction, self-compassion, and empowerment among

late-diagnosed women. It also recommends the use of narrative therapy interventions that deconstruct oppressive social narratives and reauthor preferred identities, acknowledging clients' strengths and unique outcomes.

This review acknowledges the important limitations in the existing literature, including the overrepresentation of White, Western, educated samples and short-term post diagnosis follow-up in many of the studies. Overall, the findings underscore the need for gender-sensitive assessment, culturally competent care practices, and therapeutic strategies that address internalized ableism and facilitate positive self-reconstruction after a late ADHD diagnosis.

The central takeaway of this review is that a delayed ADHD diagnosis profoundly shapes women's self-perceptions, not only due to the prolonged lack of recognition of the source of their ADHD-related difficulties during critical periods of identity development, but also due to years of striving to meet gendered and societal expectations, enduring misattribution of their challenges by others, internalizing ableist beliefs, and facing barriers to accessing appropriate treatment.

### **Recommendations for Future Research**

Building on the results of this review, several questions emerge to guide future research into the experiences of women with late diagnosed ADHD. One major limitation identified across the literature was the overrepresentation of university student samples. This raises concerns about the generalizability of the findings, as the research indicates that many individuals from lower educational attainments and socio-economic status face greater barriers to accessing diagnostic services (Ryder et al., 2025). Many women may not have the financial means or resources to pursue an official diagnosis while experiencing difficulties that exacerbate symptoms and impact their ability to pursue higher educational and occupational success (Ryder et al., 2025). Given the persistent under recognition and underdiagnosis of ADHD in women, future research should prioritize including samples from populations of lower educational attainment, lower socio-economically disadvantaged backgrounds, and include self-

diagnosed women to capture the experiences of those who lack access to formal assessment or support. It is essential to broaden research samples to include these populations as research shows that individuals with ADHD are less likely to hold a post-secondary degree and have a higher likelihood to belong a lower socio-economic disadvantage, implying that studies drawing primarily from university populations overlook a significant portion of women whose ADHD remains undiagnosed (Green & Rabiner, 2012; Ginsberg et al., 2014; Fuller-Thompson et al., 2016). A question that may help guide research in this area of interest would be: How does socio-economic status intersect with diagnostic accessibility to influence the ability to build a healthy self-identity in women with late-diagnosed ADHD? This question is important as it highlights the additional hurdle that many individuals with ADHD face when socio-economic status acts as a burden that both hinders their ability to access resources while simultaneously exacerbating symptomology (Ryder et al., 2025).

The findings of this review highlighted another gap in the current literature, which is the lack of longitudinal research. Many studies focused on the effects that a late diagnosis has on the self-perception of women post-diagnosis, but there was a lack of longitudinal research exploring how women's self-concepts evolve over time after a diagnosis. Understanding how identity reconstruction, self-compassion, and empowerment develop over time could provide important insights for clinical practice. Exploring the long-term outcomes tracking women across multiple stages of adjustment to their diagnosis would be helpful in identifying how clinicians can best support late-diagnosed women achieve positive long-term mental health outcomes. A research question that could guide future inquiry on this topic may be: How does the process of identity reconstruction following late ADHD diagnosis impact long-term mental health outcomes in women?

Future research employing comparative designs that include control groups or male comparison groups could help identify important distinctions in gender differences in how late diagnosis influences self-perception. Exploring differences in coping mechanisms, social

expectations, gender norms, and internalized beliefs may offer a more nuanced understanding of the gender-specific experiences of a late diagnosis and its influence in shaping internalized stigma.

Given that ADHD diagnostic criteria are based on Western conceptualizations of behaviour, future research should critically evaluate how these frameworks contribute to cultural bias and underdiagnosis in non-western populations (Shi et al., 2021; Shalaby et al., 2023). Future research could productively examine non-western, collectivist, and marginalized populations to enhance our understanding of how cultural expectations, stigma, and systemic inequities influence both symptom expressions and access to diagnosis. It would be beneficial for future studies to explore the interplay of ADHD and stigma in women from diverse cultural and ethnic backgrounds by examining: How do intersecting factors of culture, ethnicity, and gender shape the manifestation, recognition and internalization of ADHD symptoms in women with ADHD?

Future research should also evaluate the impact of neuro-affirmative and trauma-informed counseling approaches in supporting late-diagnosed women with ADHD. Quantitative and mixed method designs could assess how modalities foster identity reconstruction, challenge narratives that reinforce internalized ableism, and enhance long-term resiliency. Furthermore, investigating clinicians' diagnostic practices, biases, and training in recognizing ADHD in women could lead to improvements in early identification and support for this population.

By expanding demographic diversity, incorporating self-diagnosed participants, applying longitudinal and comparative designs, and integrating intersectional and culturally competent frameworks, future research can better capture the complexities of women's experiences with late diagnosed ADHD and inform more inclusive, equitable, evidence-based mental health practices.

## Reflection

Through the process of conducting this literature review, I have enhanced my knowledge on the unique ways in which ADHD intersects with gender, identity and societal expectations. From a research perspective, I have learned that much of the existing literature is focused on framing ADHD through a deficit-based lens, often overlooking the nuanced identity-related impacts experienced by late-diagnosed women. Incorporating studies that explored both the disabling and strength-based dimensions of ADHD broadened my view of how self-perception is shaped not only by symptomology but also systemic factors such as gender bias in diagnostic criteria, societal expectations of femininity, stigma, and internalized ableism. This process uncovered the importance of considering the impacts of these factors on culturally diverse women in future research. This review also illustrated the importance of incorporating more neuro-affirmative frameworks into future research to ensure that women can gain empowerment through a diagnosis and learn to utilize their strengths to help them excel in areas of their lives where their ADHD-related difficulties had disempowered them and led them to adopt negative self-beliefs about their abilities.

From a clinical perspective, this review deepened my appreciation for the role of narrative therapy in allowing women to reconstruct their identities post-diagnosis. I learned that therapeutic approaches should move beyond symptoms management to include exploration of self-concept, values, and meaning making. Understanding the social and cultural narratives that contribute to internalized ableism has emphasized the importance of adopting a strengths-based, anti-oppressive stance in my future practice. I have strengthened my awareness of how neuro-affirmative intervention such as narrative therapy can empower client to separate their sense of identity from deficit-oriented labels and reframe their ADHD through a lens of capability, resilience and self-compassion.

This integration of research and clinical knowledge has shaped my evolving identity as a clinician who values both evidence-based practice and client-centered understanding. I have come to recognize that competence in counselling extends beyond diagnostic awareness and involved critical evaluation of the social structures that shape client's experiences and beliefs. In my future practice, I intend to advocate for more accessible diagnostic support for women with ADHD, to use language that validate neurodiversity, and to foster a therapeutic environment that promotes authenticity and belonging. This capstone has taught me that addressing ADHD in women is about helping client reclaim their identities, rewrite their stories, and find empowerment in neurodivergent strengths.

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