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A Narrative Enquiry into the Experiences of Women with a Late Diagnosis of Attention Deficit Hyperactivity Disorder (ADHD)

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A Narrative Enquiry into the Experiences of Women with a Late Diagnosis of Attention Deficit Hyperactivity Disorder (ADHD)

Thesis submitted in accordance with the requirements of the University of Chester for the
degree of Doctor of Education by Rachel Hope Black.

September 2023

Declaration:

The material being presented for examination is my own work and has not been submitted for an award of this or another HEI except in minor particulars which are explicitly noted in the body of the thesis. Where research pertaining to the thesis was undertaken collaboratively, the nature and extent of my individual contribution has been made explicit.

Signed: 

Date: 21st September 2023

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A Narrative Enquiry into the Experiences of Women with a Late Diagnosis of Attention Deficit Hyperactivity Disorder (ADHD)

Rachel Black

Abstract

Attention Deficit Hyperactivity Disorder (ADHD) is a lifelong condition with two main subtypes: hyperactivity, which is characterised by impulsivity and restlessness, and inattentiveness, with difficulties focusing and concentrating. Individuals can also have a combination of both. Research into ADHD has traditionally focussed on young males with hyperactive symptoms, and as a result, other groups have been overlooked, such as women. Although the ADHD subtypes are present in females, the symptoms are often misdiagnosed or go undiagnosed for reasons such as the pervasive stereotype that only boys have it or that the symptoms are hidden through socialisation. A lack of diagnosis can lead to various issues for the individual, for example, failing to meet their academic potential, a lack of career success, relationship problems, and drug and alcohol abuse. In addition, this can lead to struggles with depression and anxiety. The impact of undiagnosed ADHD can, therefore, have a significant effect on an individual's life.

The body of research into women with ADHD is a limited yet growing area. As a result, there has been an increase in public awareness and a surge in women of all ages seeking a diagnosis. Further research is required to advance an understanding of the symptoms and experiences of ADHD in females to increase the likelihood of an early diagnosis and to mitigate associated issues and comorbidities.

This study recruited six women between the ages of 35 and 50 with a late diagnosis of ADHD. The data collection and analysis followed the constructivist paradigm, with a narrative methodology containing a life-story interview and a focused conversation. The participants' narratives of undiagnosed ADHD are restored in the results section, revealing the unique complexities and multiple truths of the participants' experience. Reflexive commentary is applied to provide insights into the interpretation and positioning within the research, and reflections on the author's experiences of receiving a late diagnosis of ADHD are included to add further data.

The discussion provides answers to the research questions by applying philosophical theory to aspects of women's narratives. Bourdieu's Theory of Practice explored difficulties faced in fields such as school and the workplace. In addition, a suggestion that symptoms of ADHD override the habitus, creating problems conforming to the doxa of the field is made. Lacan's Register Theory was used to analyse the moment the women realised that they have ADHD, and for some of the participants, this was a significant event. Finally, Kristeva's concept of abjection was used to explain the participants' reconstruction of their symbolic order by removing the facets of themselves they no longer recognised due to their late diagnosis.

This project adds to the limited body of research on women with ADHD. Each participant's experience of navigating their life without a reason for their struggles or perceived differences is unique and has not been researched before. The individual accounts and commonalities between them reinforce the importance of an early diagnosis and an increased awareness of ADHD as an underlying cause for other comorbidities and issues.

Summary of Doctor of Education (EdD) Portfolio

Module 1: PR8005 Research Methodologies for Professional Enquiry

Essay title: "Reflections on professional identity: How do highly experienced secondary school Physical Education teachers contend with the transition to higher education?"

I wrote this essay in my third year of lecturing in higher education (HE) after teaching Physical Education in a secondary school for 15 years. I found the transition more challenging than expected, and I wanted to find out if others who had made similar transitions felt the same. The module introduced me to paradigms, ontologies, epistemologies, and methodologies – and apart from the latter, these were concepts I had not encountered before. I chose the constructivist paradigm, interpretive ontology, subjective epistemology, and ethnographic methodology for the project, employing semi-structured interviews to gather data. My conclusions were that upon transitioning to HE, teachers experience a shake-up of the foundations of their professional identity, which are re-established 2-3 years later.

Module 2: PR8006 Social Theory and Education: Key Issues and Debates

Essay title: "Misrecognition and Symbolic Violence within the Field of Primary Physical Education"

The introduction of the primary PE and sport premium in 2013 aimed to improve the provision of primary Physical Education. In this essay, I applied a Bourdieusian lens to the changing field of primary PE, where a new agent, the sports coach, is starting to dominate and lay claim to cultural and symbolic capital that the primary PE specialist or classroom teacher previously held. I argued that there is a misrecognition that coaches have the desired cultural capital to be recognised as the 'expert', particularly within school lesson time. In addition, I discussed how the coach is subjected to symbolic violence, with lower pay and poorer conditions.

Module 3: PR8007 Creativity in Practice

Essay title: "Back to the Piano: 5 Months of Creativity, viewed through the theoretical lens of Amabile's Componential Model of Creativity".

This module required the creation of a multi-media project. In a change to my previous assignments, where I discussed aspects related to PE teaching, I decided to take piano lessons for five months and record my progress. I used the footage to create a short film, and in the written component, I applied Amabile's componential model of creativity to the work.

Module 4: PR8008 Cultural Practices

Essay title: "I feel energised, but at the same time I feel like I am a different person' – A case study investigation into creating a physically active culture in a West Midlands primary school."

In this essay, I carried out a case study of a primary school that has implemented a unique physical activity culture throughout the school curriculum. The case study school has worked hard to change its culture and promote physical attributes and fitness in children (and staff). It was designed to improve the children's health, test scores, behaviour, and attendance. Staff and students agreed that the culture has positively impacted these areas. The project employed semi-structured interviews with staff and focus groups with children.

Module 5: PR8002 Institutions, Discontinuities and Systems of Knowledge

Essay title: "Trump, Lies and Democracy".

I chose to explore American politics during the presidency of Donald Trump because I had become interested in the suggestion that American democracy was under threat. Before studying this module, I had developed an obsession with reading about the Trump administration, and my thoughts were that it seemed to be unlike any that had gone before. I used information from Twitter and mainstream media, such as The Washington Post, and analysed this using the work of Hannah Arendt.

Module 6: PR8001 Thesis in Context

Essay title: "Project proposal: A narrative exploration of women diagnosed with Inattentive Attention Deficit Hyperactivity Disorder (ADHD) in adulthood".

In this project, I put forward my ideas and rationale for the thesis stage.

Chapter 1 Introduction

Attention Deficit Hyperactivity Disorder (ADHD) is a lifelong neurodevelopmental condition characterised by inattentive and/or hyperactivity/impulsivity characteristics. In the table below, I have listed child and adult ADHD symptoms to provide an overview.

Table 1 - Symptoms of ADHD in children and adults (NHS, 2021)

	Inattention	Hyperactivity/Impulsivity
Children	Short attention span Careless mistakes Forgetful/ loses belongings Poor task-adherence Poor listening skills Poor organisational skills	Difficulty sitting still, especially in a quiet environment Fidgets Poor concentration Excessive movement and talking Difficulty waiting their turn Not thinking before doing Interrupting Poor awareness of danger
Adults	Careless/ lacks attention to detail Poor organisational skills	Task completion can be poor Restless/ edgy
More difficult to define	Lack of focus or ability to prioritise Loses or misplaces belongings Forgetful	Difficulty staying quiet Blurts out and often interrupts others Does not deal well with stress
Hyperactivity tends to decrease		Excessive impatience Risk taking

Globally, it is thought that an average of 5% of the population have ADHD (Sayal et al., 2018) and that it commonly originates in childhood or the initial stages of adolescence (Faraone et al., 2021), with 90% of children retaining their symptoms into adult life (Sibley et al., 2021). A gender gap exists in the diagnosis in childhood between males and females, with males significantly more likely to receive one at a ratio of 4.3:1 (Hire et al., 2021). As adults, the ratio evens out to 1:1 between males and females. The lower number of girls diagnosed in childhood can be explained by an increase in the prevalence of the inattentive subtype of ADHD, with its internalised symptoms, the development of coping strategies that mask the symptoms, and comorbidities that lead to misdiagnosis (Quinn & Madhoo, 2014). There is also a growing recognition that females with ADHD have different symptoms and behaviours to males (Young et al., 2020). There is a pervasive stereotype that girls do not

have ADHD, and this is evident in both social and clinical settings (Faraone et al., 2021), leading to a decrease in diagnosis and the appropriate support.

Even with an early diagnosis of ADHD, there is the risk of "considerable impairments" (Owens et al., 2017, p. 723) over the lifespan; however, with the knowledge of having ADHD, there is the ability to be supported and treated. If treatment can be offered, then there is the possibility that this can "moderate the lifetime risks of ADHD" (Young et al., 2020, p. 21). The likelihood of a late diagnosis of ADHD in females is high (Quinn, 2008), and going undiagnosed can lead to a range of issues and disruptions, such as to their educational achievement, employment, and social functioning (American Psychiatric Association, 2013); depression and anxiety, low self-esteem, lack of being able to cope, high-stress levels (Rucklidge & Kaplan, 1997); forming and maintaining relationships (Attoe & Climie, 2023). Lensing et al. (2015) suggested that sadly, adults who remain undiagnosed into their 50s experience a "significantly reduced quality of life when compared with population norms." (p. 405). Women are particularly susceptible to these issues as a group who have consistently gone undiagnosed. They may unknowingly suffer from the condition for many years, with difficulties in "a unique set of situations" (Henry & Hill Jones, 2011, p. 260), such as in motherhood, and symptoms, such as disorganisation, place them at odds with societal expectations.

In recent years, the awareness of women with ADHD has increased due to several factors. In the media, celebrities such as actress and talk show panellist Nadia Sawalha and comedian Shaparak Khorsandi have spoken about their late diagnoses of ADHD. Sawalha spoke about her diagnosis on the talk show, 'Loose Women', stating that it had taken her time to accept that there was a reason for "all this chaos I've experienced throughout my life" (Topping, 2022). Khorsandi stated that life had been very difficult due to going undiagnosed until her late 40s and that she had always felt different, had underachieved in her GCSEs, and had struggled to hold down jobs (Graham, 2021).

Social media has also played its part in highlighting awareness of ADHD, and there are specific Facebook groups for women with a late diagnosis and hashtags such as #ADHDwomen on Twitter and Instagram. TikTok also has a variety of hashtags, with '#latediagnosisadhd' receiving 247 million views at the time of writing and '#adhdlatediagnosiswomen' receiving 6.1 million views. The increased sharing of experiences not only advances the visibility of ADHD in women but could help those struggling with symptoms feel supported and potentially gain a diagnosis earlier.

Conversely, there are more cautious media posts, particularly with the increase in diagnosis and the prescription of ADHD medication. An example of the former is from the Daily Mail, whose headline was "Women in their 20s and 30s drive record surge in ADHD prescriptions amid row over whether condition is being OVER-diagnosed", stating concern over a "surge in prescriptions for ADHD drugs" (Ely, 2023). The article reports that there has been an increase in prescriptions written for females; however, as already discussed, women are underdiagnosed, and numbers are only recently growing due to increased awareness. A BBC Panorama documentary, "Panorama: Private ADHD Clinics Exposed", added to the negative discourse when a reporter pretended to have ADHD symptoms to gain a fraudulent diagnosis at three private clinics. The show received the most complaints in Panorama's history, with ADHDUK stating that the programme would "risk serious harm to individuals with ADHD" (Shelford, nd).

The factors discussed above highlight the importance of increasing the public's awareness of the real and impairing difficulties faced by women with symptoms that could be ADHD. With further research and promotion of the condition, there is the hope that more women can be diagnosed earlier in their lives so that they can gain the support, develop an understanding of their symptoms, and try to diminish the damaging impact that ADHD can have.

1.1 Introduction to the Research on ADHD

Academic literature on ADHD mainly consists of medical research that seeks an understanding of the causes and pathologies using quantitative methodologies. The focus of research into ADHD has traditionally been on boys (Waite, 2010; Williamson & Johnston, 2015), reinforcing the stereotype that girls and women do not have ADHD. However, studies have now been completed that recruit a wider diversity range of participants, with data interpreted and analysed using a more comprehensive array of philosophical standpoints, adding to an increasing body of research into ADHD since 2010 (Barkley, 2015; Williamson & Johnston, 2015). Although the body of research is growing, there is a particular need for those with qualitative methodologies into the female experience of ADHD. In my literature search, I found qualitative research that used a phenomenological methodology (e.g., Sedgewick et al., 2018); however, very few examples of articles have employed a narrative methodology. One example is Williamson & Johnston (2015), who investigated differences in symptoms between adult females and males with ADHD. There is also qualitative research into ADHD in students who have left secondary school (Waite & Tran, 2010), higher education undergraduates (Lefler et al., 2016), ADHD medication use in adults (Canela et al., 2017), and insights into adults with ADHD who have experienced success (Sedgewick et al., 2018). Narrative research that focuses on the unique life stories of a diverse range of individuals and includes rich detail about their lived experiences with ADHD is currently lacking; therefore, individual experiences of ADHD are limited and poorly understood (Shatell et al., 2008). Compared to the body of research on other neurodiverse conditions, such as Dyslexia, there is a long way to go.

1.2 Introduction to the Research Project

My research investigates how six women diagnosed with ADHD between the ages of 35 and 50 reflect upon their lives. In addition to my role as the researcher, I have added my thoughts and reflections to the participant's data, as I received a diagnosis of ADHD at 35.

There are three research questions that the project aims to gain answers to:

1. What do women with a late diagnosis of ADHD say about their lives?
2. When a woman has realised that she has ADHD, how does she experience this event?
3. Does the realisation that she has ADHD change a woman's constructions of her sense of self?

The structure of this thesis follows a standard layout, with an introduction, literature review, methodology, results, discussion, and conclusions chapters. In the literature review, I provide background information and evaluate the research on ADHD that is relevant to the research questions. The methodology justifies my choice of a constructivist paradigm, relativist ontology, subjectivist epistemology and narrative methodology. I have also included a comprehensive discussion of ethical considerations and procedures that ensured the project's integrity. In the results section, I have restoried the participant's narratives from the interview, with each one regarded as a unique truth that is just as valid as each of the other participants. In addition to the participant's data, I have included my thoughts and reflections throughout the project, to provide further insights and to set out my reflexive positioning. My research does not aim to create theory or generalisations about women with a late diagnosis of ADHD; instead, it interprets the narratives through the lenses of Bourdieu, Lacan, and Kristeva, amongst others. The reader takes from the research that which is relevant to themselves. In the conclusion section, I provide reflections in a return to the research literature, discuss the integrity of the research, and how this project contributes to the body of research into women with ADHD.

1.3 Personal Context to the Research Project

At the start of the Doctor of Education (EdD), I did not know what the focus of this final project would be, although I reasoned that I would figure it out by the time I got to this stage. I did not expect these ideas to be shaped by the realisation (and subsequent diagnosis) that I have ADHD. This diagnosis would provide me with many answers to questions that I had asked myself, leading to a better understanding of my behaviours and struggles. Admittedly, I had some negative, preconceived ideas about individuals with ADHD, which I now attribute to the acculturation that I had gone through during my secondary school teaching career, which ingrained into me the belief that ADHD was used to excuse poor behaviour in boys. I had no idea that I had ADHD until I recognised my symptoms in a newspaper article written by the comedian Rory Bremner, who spoke about his diagnosis at the age of 33. It was a moment of clarity - a lightbulb moment, and I read as much about it as I could, constantly reflecting and analysing my life as I went. So many things started to make sense, for example, why I cannot get started on work or concentrate on it whilst I am trying to do it; yet for some tasks, I can be totally engrossed and highly productive. It also made sense of why, when I was praised for having academic ability, I had found my post-secondary education, particularly sitting exams and getting up for lectures, so difficult. I will provide further examples in the forthcoming chapters.

Since I was at sixth form college, I was aware that there was something about how my brain functions that differed from others, but I could not put my finger on what it was. I went through my late teens, twenties, and thirties trying to work myself out as I did not feel like I fit in. I had been a well-behaved and hard-working student at primary and secondary school but was often washed out and had meltdowns at home, which caused issues. Looking back with the knowledge on ADHD that I have, I realise that I displayed more outwardly apparent characteristics from the age of 11, which was the start of secondary school, and this coincided with an increase in my independence. My organisation was chaotic, and I

remember how I constantly lost my shoes or school bag or forgot my lunch or PE kit - I remember walking around the school with my PE teacher to find where I had left it. I could not do homework – I either forgot or could not get started on it. I found the transition to the sixth form very difficult. When I was supposed to be studying, I endlessly procrastinated, with no real vision of the future or motivation to gain the qualifications that I needed.

I remember sitting in the sixth form library studying maps of America and planning a road trip that I would go on after my exams had finished, which I never did. Everyone else was studying and seemed so in control and focused on doing well - I was all over the place. I just did not get it. Here is an example that I remember:

It was a typical week, I had lost my shoes, forgotten my lunch or lunch money on most days, and left my kit at home for a hockey fixture. On one of the days, I was in Dr. Evans' A-level chemistry lesson with twenty-nine other 17-year-olds. As usual, I didn't have a clue about what I was supposed to be doing; I had not deliberately avoided listening, but as usual, I had either been struggling to take in what she was saying through the dense fog in my brain, or my mind had wandered to something more interesting, which could have been anything - perhaps which American states I was going to travel to, or how long ladybirds live for? Something like that. Alternatively, maybe someone walked by. It happened in my other lessons, too. My attention snapped into focus when Dr Evans stated that we needed to collect the equipment and start. I began to feel very anxious; I didn't know what to get or what to do. As usual, I relied upon those around me to help. I often found myself amongst students of high ability, which was not a

tactical decision; I remember feeling equal to them in many ways, just not when we had to carry out certain tasks or recall information. Thinking about it now, I imagine this masked my lack of focus and organisation. I looked at what other people were doing and wondered how they found it so easy. I think I probably went under the radar and was viewed as a well-behaved, yet underachieving student who was seen as disorganised and scatty. I know that I frustrated my A-level Sport Studies teacher, and if this was the present day, he may have picked up that I have ADHD as he seemed to notice my difficulties more than my other teachers. Furthermore, because ADHD was not something that was diagnosed in the early 90s, particularly for girls like me, I went through sixth form and university with feelings of failure, unfairness, and inadequacy, which stayed with me until I started to process my diagnosis and repair this negative self-image.

When I started work, I went from job to job, quickly getting bored and moving on, never thinking ahead or living outside the moment I was in. I realised that I needed to try something that would enable me to have a career, and I somehow managed to get through my PGCE in secondary Physical Education and start a job in a lovely school in Sussex. In some ways, this was the ideal career for me: constant stimulus, active all day, and tasks that had to be completed quickly; however, I found certain things difficult that I felt others did not. I was very disorganised, forgetful, and had difficulties planning lessons, which I attribute to deficits in my working memory and executive functioning, and this caused anxiety. I found homework very problematic, as I often did not remember to set it, and then I struggled to start marking unless the deadline was imminent. I feel conflicted to admit that I often could not manage this aspect of the job. Over the 15 years of my secondary teaching career, and

now in my 9th year of lecturing in higher education, I have managed despite these difficulties, developing coping strategies along the way. Technological advances have been enormously beneficial to me, for example, phones with alarms, reminders, timers, and notes, and most recently, the 'Read Aloud' function in Word, which I have used to help me concentrate on writing this project. With a growing awareness of ADHD, my workplace recognises that I require reasonable adjustments, and I have been fortunate to be provided with a specific computer that is synchronised with my electronic devices and I am helped with reminders from administrative staff. I have made it common knowledge, even to the undergraduates I teach, that I have ADHD, and I believe that in doing so, I am contributing to raising awareness of ADHD in women and highlighting that you can be successful and have ADHD.

When I went for diagnosis, I felt a mixture of excitement and imposter syndrome. I remember crying with relief as ADHD was confirmed and feeling surprised when I received the results stating that I was high in both inattention and hyperactivity/impulsivity, which meant that my diagnosis was the 'combined' type. Afterwards, I spent a long time reflecting on my life and had some counselling to help. I experienced mixed emotions as I pieced things together. I now realise that certain ADHD traits have allowed me to be enormously productive in some areas; however, as much as I can sit for hours completing a task that I want to do, if the task involves more complex thought and cannot be completed or mastered in a very short period of time, I cannot start it. I now realise that the tasks I do very well provide me with quick wins.

The EdD has presented challenges, and in the module phase, I benefitted from the taught content as it provided structure and changed every semester. I found a medication that allows me to concentrate more effectively; used mind-mapping software; realised that dividing tasks into short chunks was useful; however, I spent long periods of time struggling to get started or to concentrate. I could be very productive on my train journeys to and from work and I thought that it had something to do with the ambient noise. I then discovered

'brown noise' and connected this to the noises of the train, and I was fairly productive when I played this at home.

The projects that I completed before the thesis stage were all distinctly different, and I researched a wide range of theorists, which was enjoyable and very interesting. I could have chosen similar projects and one or two theorists to specialise in throughout these; however, I know myself well enough to realise that I have the potential to become bored and struggle with completion, and by doing it this way, I have been able to tap into interests such as American politics and playing the piano, which has been motivating. Whilst I acknowledge that an EdD is always going to be difficult, I have had to work hard to manage my ADHD. I am still learning about my ADHD, and to echo my participant, Dawn, it is difficult to work out what is me and what is ADHD?

Chapter 2 Literature Review

2.1 Introduction to the Chapter

In this chapter, I have started the review broadly, providing an overview of ADHD as a neurodevelopmental medical condition. I have also discussed the history of ADHD, as it is only recently that there has been recognition in medical diagnostic texts, such as the American Psychiatric Association Diagnostic and Statistical Manual of Mental Disorders (DSM), which is commonly used by medical professionals in the UK and USA (Thomas et al., 2013). I have then narrowed the focus by taking a lifespan approach to a range of topics relevant to a woman's lifetime, such as their education, employment, and relationships. More specifically, and where research allows, I have included a review of the impact of ADHD on the female reproductive life cycle. In all aspects of this review, I have attempted to find as much research as possible that focuses on females with ADHD; however, even recent literature, such as Hinshaw et al.'s (2022) annual research review into ADHD in women and girls, and Attoe & Climie's (2023) systematic review of ADHD in adult women, acknowledge that this area is under-researched. Furthermore, after carrying out my literature searches, I agree with these authors and highlighted areas where there are gaps in the research.

To gather literature for this chapter, I used a range of databases such as 'PubMed', 'Scopus', 'SAGE', 'Google Scholar', the university library search engine 'Summon', and the websites of specific journals such as the Journal of Attention Disorders. I used numerous combinations of words relating to my research aims.

2.2 The Landscape of ADHD Research

ADHD is typically researched from a quantitative medical viewpoint that seeks to understand aspects such as treatment, risk and genetic factors, comorbidities, and differences in brain structure and function (Cortese et al., 2012). Research is abundant on school-age males

with prominent physical hyperactivity and impulsiveness (Waite, 2010; Williamson & Johnston, 2015); therefore, there are gaps in research regarding other groups. The lack of research into ADHD in females reinforces the assumption that it is a male condition, meaning that females can go undiagnosed, are diagnosed later in life, or have a comorbidity, such as depression, that may be caused by this lack of diagnosis. As research into ADHD in female populations grows, the number of diagnoses of girls made in childhood should increase, enabling them to access support and potentially lessen the impact of their symptoms throughout their lives.

In my search for literature, I found that both quantitative and qualitative articles have been dominated by American research. The first qualitative articles I found dated from 1994, written by American researchers such as Conner and Biederman. From the 2000s, journal articles written by researchers from other countries, such as Young (United Kingdom) and Weiss (Canada), emerged. Encouragingly, there has been more research into ADHD since 2010 (Barkley, 2015; Williamson & Johnston, 2015), and studies have now been carried out on participants from a more diverse field using a greater range of methodologies. More recently (post-2020), research has become global; for example, Mphahlele (South Africa), Aoki (Japan), Hulsbosch (Belgium), and Karhu (Finland), which is very promising for increasing the understanding of ADHD in a variety of contexts and ethnic groups.

Gaps in ADHD research have been proposed in a range of areas including young adult women (Lynch, 2016), and female university students (Lynch, 2016). Asherson & Agnew-Blais (2019) suggested that because many children do not meet the diagnostic criteria for ADHD before they are 12, there is an increased possibility that it is missed. There is a need for further research into this area, although they do not suggest a specific population.

There is an absence of literature that explores individual experiences of ADHD, for example, using case study research; therefore, this aspect is poorly understood (Shatell et al., 2008),

which adds to my decision to use a qualitative, narrative perspective in this research. There also appears to be research required into non-medical interventions to try to limit the effects of ADHD in adulthood, such as Cognitive Behavioural Therapy (CBT). Research into the experiences of having one of the distinct subtypes (Inattentive, Hyperactive/ Impulsive, Combined) is lacking; however, the gap in research may be due to the heterogeneous nature of ADHD (Luo et al., 2019) and, therefore, difficult to gather appropriate participants. I ruled out focusing on women with the inattentive subtype at the start of this project due to my concerns that there is no uniformity to the diagnosis.

My reading suggests gaps in qualitative research into ADHD, for example, longitudinal studies, which is unsurprising considering that the recognition of the condition is relatively recent. I have also found little narrative research into women with ADHD from specific ethnic groups or older women's experiences. More recently, and perhaps disappointingly, Dobrosavljevic et al. (2022) stated that for older adults with ADHD, there continues to be a substantial knowledge gap.

More recently, Hinshaw et al. (2022) identified several gaps in research on females with ADHD, including studies of parenting, perimenopause and menopause. To illustrate this point, I found one academic journal article and a limited number of website features, such as 'Children and Adults with Attention-Deficit/Hyperactivity Disorder' (CHADD) and 'ADDitude', that explored these crucial aspects of a woman's life. This lack of literature adds further importance to my research because the age of my participants means that they could be in either the reproductive, perimenopausal, or menopausal stages of their lives.

In summary, this project adds to the limited number of studies on women with ADHD that use a qualitative narrative approach (Lynch & Davison, 2022).

2.3 The History of ADHD

Since the late 1790s, the collection of symptoms that make up ADHD has been recognised in various ways, for example, as part of a children's story (Lange, 2010). The first clinical description was made in 1902 by Sir George Still, who noted that the symptoms are more prevalent in males but also occur in females at a ratio of 3:1 (Conners, 2000). Despite this, females have been overlooked as a group who can also have ADHD, and instead, males have dominated the diagnosis and research of the condition, which has led to poor outcomes for females.

In 1968, the term "Hyperkinetic Reaction of Childhood" was applied to the group of symptoms by the American Psychiatric Association (APA) in the DSM-II, who described it as a condition "characterized by overactivity, restlessness, distractibility, and short attention span, especially in young children; the behavior usually diminishes by adolescence" (APA, 1968, p. 50, cited by Barkley, 2006, p. 9). The current understanding is that whilst some symptoms can lessen over time, the main issues persist into adulthood (DuPaul et al., 2014). The next iteration of the DSM, DSM-III (APA, 1980), noted that the more explicit presentation of physical hyperactivity was not an essential indicator of the condition and that it could present solely with cognitive inattentiveness and distractibility; however, this is more difficult to diagnose due to the internal nature of the symptoms. This significant move reflected the increase in research at the time (Barkley, 2006) and caused a change of name to "Attention Deficit Disorder, with or without hyperactivity" or "ADD" (Conners, 2000, p. 183). This name was still in use until the DSM-III-R publication in 1987, when it changed to "Attention Deficit, Hyperactivity Disorder", now the commonly known title. In the DSM-IV (APA, 1994), three subtypes of ADHD, "Inattentive", "Hyperactive/Impulsive", and "Combined" (Epstein & Loren, 2013), were included to reflect how inattention and hyperactivity could also be found in combination. The DSM-V further refined the ADHD diagnostic criteria, providing separate descriptions of how the symptoms may present differently in children, adolescents, and

adults, adding the descriptors of 'mild, moderate, and severe' to the diagnostic process; however, Thomas et al. (2013) state that assessing the severity of symptoms is open to subjective inconsistencies.

There is currently discourse over including the words 'deficit' and 'disorder' in the name of ADHD. For example, van Hulst et al. (2021) discussed how the inclusion of the term 'disorder' implies that there is a known cause of the condition, which there is not. Instead, they suggest 'attention-deficit (and/or) hyperactivity' as an alternative. Hallowell & Ratey (2022) suggested the name 'Variable Attention Stimulus Trait (VAST)' to describe the flexible nature of attention in ADHD and cite hyperfocus as an example of where the brain increases attention rather than being in deficit. Conner (1994) describes hyperfocus as the ability to concentrate intensely on a single area of interest at the expense of anything else, which would appear to rule out a deficit. Barkley (2014) suggested that the terms 'Disorder' and 'Deficit' are appropriate, although they apply to broader aspects of the condition and instead proposed 'Executive Function Deficit Disorder' or 'Self-Regulation Deficit Disorder'; however, he also asserted that a change from the name 'ADHD' is doubtful. As awareness of ADHD as a serious condition grows, a name change could reverse this progress.

Despite the increasing awareness of ADHD in the public domain, there is still debate about its authenticity (Asherson et al., 2010; Moncrief & Timmins, 2010). The presence of symptoms of ADHD in the neurotypical population, such as inattentiveness, hyperactivity, and deficiencies in working memory, means that for some, its legitimacy as a discrete condition is problematic. The reasons for this could be due to attitudes lingering from the middle of the last century (Barkley, 2006) that blamed symptoms of ADHD on aspects such as poor parenting, watching too much television, food additives, or having a single mother, all of which there is no evidence for (Graham, 2008). Instead, ADHD should be attributed to genetic factors (Hinshaw & Ellison, 2016), although research continues into the causes.

Within the education system, there are pervasive opinions that symptoms of ADHD, particularly those grouped within the hyperactive subtype, can be switched on and off at the student's choosing. Gwernan-Jones et al. (2016) discuss the stigmatisation of students with ADHD in schools, attributing this to a lack of knowledge from some educational professionals. There is also a persistent belief that it is a social construct created as an excuse for bad behaviour or caused by junk food or poor parenting (Hinshaw & Scheffler, 2014), which needs to be challenged, particularly within the educational sector. The good news is that there is a growing movement towards greater awareness and understanding, and in addition, legal protections contained within the 2010 Equality Act that protect those whose symptoms of ADHD have a "substantial and long-term adverse effect on P's [the person's] ability to carry out normal day-to-day activities". Institutions such as schools and workplaces must now make allowances and accommodations to cater for the difficulties faced by the individual child with ADHD.

2.4 Diagnosis of ADHD

As mentioned above, much of the research into ADHD has focused on trying to understand the condition in a physiological sense. An example is the finding that fewer dopamine receptors are present in the ADHD brain, which impacts motivation and reward pathways (Volkow et al., 2011). It may indicate why people with ADHD seek quick, continuous dopamine hits. Also recognised in the literature are differences in brain matter structure when there is a comparison of MRI scans between non-ADHD and ADHD individuals (Cortese & Castellanos, 2012; Frodl & Skokauskas, 2012; Greven et al., 2015 as cited in Franke et al., 2018). Despite a range of medical research, there remains a lack of a physiological test for ADHD. Instead, the diagnostic tools consist of an interview with either a psychiatrist, a learning disability specialist, a social worker, or an experienced occupational therapist (National Institute for Health and Care Excellence (NICE), 2018), alongside the use of the Conners Behavior Rating Scales Questionnaire (Conners, 2008); therefore, there is a

subjective element to diagnosis. Once a diagnosis is made, treatment such as Cognitive Behavioural Therapy (CBT) combined with a medication such as Methylphenidate, which is a mild stimulant and has been found to help with improving the executive functioning processes of the brain (Brown & Brown, 2014), can be prescribed (NHS, 2018). However, medication does not work for everyone with ADHD and can sometimes worsen the symptoms (Spencer et al., 2005).

One of the reasons why ADHD may go undiagnosed is that some of the issues with executive functioning are not always outwardly noticeable. There are also differences in how ADHD presents individually, making it difficult to detect and diagnose. In addition, symptoms such as distraction and impulsivity are present in the wider population (Hinshaw & Ellison, 2016), and ADHD can be easily dismissed. The National Institute for Health and Care Excellence guidelines (NICE) (2018) differentiate this by stating that if there is “at least moderate psychological, social and/or educational or occupational impairment”, a diagnosis of ADHD can be confirmed. For women, some executive functioning issues are also present as part of the female reproductive cycle; therefore, an ADHD diagnosis may be missed.

ADHD is often diagnosed alongside other neurodevelopmental conditions, such as autism spectrum disorders (ASD), mood disorders, substance use disorder, Obsessive-compulsive disorder (OCD), Borderline personality disorder (BPD), and anxiety disorders. The prevalence of these comorbidities makes ADHD more challenging to diagnose, and they can often mask it. Symptoms that overlap should be scrutinised by medical professionals with ADHD in mind. There are differences reported in the incidences of comorbidities between men and women with ADHD, with women having a higher likelihood of depression and dysthymia (Biederman et al., 1994; Cumyn, 2009) with comorbidities increasing with age if ADHD goes undiagnosed (Henry & Hill Jones, 2011). Those diagnosed with the combined type of ADHD have an increased rate of dysthymia and soft substance abuse (alcohol and cannabis) (Cumyn et al., 2009), providing further evidence for early diagnosis.

2.5 ADHD and Executive Functioning

Executive function (EF) refers to essential cognitive skills that enable an individual to perform effectively in everyday life (Anderson et al., 2001; Brown, 2008a) and are composed of aspects, such as:

- Inhibition control
- Selective attention
- Working memory
- Cognitive flexibility (see Scott, 1962), which is described as the ability to efficiently “disengage from a previous task, reconfigure a new response set, and implement this new response set to the task at hand” (Dajani & Uddin, 2015, p. 571).

Brown (2008a) states that the impairment of EFs are central to the enduring difficulties faced by individuals with ADHD (Brown, 2008a) and that there are six clusters: Activation, Focus, Effort, Emotion, Memory, and Action. Later in the chapter, I reflect and explain how my ADHD has impacted aspects of my executive functioning.

2.6 ADHD and Education

Individuals with ADHD can struggle with education from a young age, where they may experience difficulties and delays with reading, writing, and numeracy as they progress through school (Lawrence et al., 2021). In addition, there can be issues with their attendance, behaviour, and attitude (May et al., 2021). As a result, their educational attainment can be lower than that of their neurotypical peers (Dupaul et al., 2014). For children with ADHD, there is a significant risk of underachievement, leading to fewer opportunities to access further or higher education and a suitable and fulfilling career.

In schools, there are written and unwritten rules that direct how a student should behave, and for a child with ADHD, their symptoms may lead to difficulties in conforming. This may be particularly the case as the individual moves towards more academic, independent work, that is characteristic of secondary education and beyond. Some of the key expectations of the classroom environment are that students remain seated, do not fidget or call out, and complete the work that is set. For a child with more obvious hyperactive/ impulsive symptoms, these expectations can be challenging to achieve without being diagnosed or medicated, and as a result, they may receive behavioural sanctions. There is a danger of the hyperactive/ impulsive child being labelled as disruptive and challenging to teach, with some teachers rejecting or limiting their interaction with them, which can lead to a poor relationship and the child feeling isolated (Ewe et al., 2019).

For many teachers, an intervention for disruptive behaviour is to immediately discipline and sanction the child, for example, with the loss of break time or being sent to an isolation room. However, Dupaul & Weyandt (2006) suggest that this does not work for dealing with symptoms of a child's ADHD, as the implication is that the behaviour is the child's choice, which it may not be. Instead, interventions that allow for the inclusion of the child into lessons have been suggested. These include ignoring some disruptive behaviour (Tegtmejer, 2019), avoiding large groupings, and including creative tasks that are likely to focus the child's attention (Imeraj et al., 2013); creating a positive culture of awareness and support within the school (Karhu et al., 2017); holding short, daily meetings with the child (Karhu et al., 2017); the use of report cards with positive reinforcement and/or immediate feedback (Karhu et al., 2017; Iznardo et al., 2020); collaboration between the teacher, child, and parent/ guardian (Iznardo et al., 2020). In addition, Nadeau et al. (2015) suggest that school staff minimise criticism, pair students in a considered way, use checklists, create small, achievable goals, and offer frequent encouragement and praise.

Research suggests that females with ADHD are more likely to have the inattentive subtype (Quinn & Madhoo, 2014), and therefore, symptoms are internalised and less noticeable. Even though parents can identify difficulties their daughter is having when comparing her to other girls, diagnosis can be missed because teachers are likely to compare her to her male counterparts, whose ADHD is much more outward presenting (Quinn & Madhoo, 2014). The symptoms of inattentive ADHD are also not well known in the public or professional domain, and therefore, more needs to be done to increase awareness. For the girl with inattentive ADHD, her symptoms mean that she will struggle to pay full attention in class, and although she may complete work, it may not be to a high standard (Quinn & Madhoo, 2014). As a result, she may be labelled as lazy and underachieving, which can impact her self-esteem and identity, leading to an increased number of depressive symptoms compared to males (Mpahlele et al., 2020). This lack of diagnosis and support can impact her mental health, which can continue into adulthood.

One aspect of the school day that should, in theory, be beneficial to a child with ADHD is break-time, as these are often unstructured and energetic, allowing the child a choice of activities that can be carried out in their way and, significantly, permitting behaviours that often, run counter to the norms of the classroom. Research has shown that exercise can benefit all children, in terms of mood and attention, and for those with hyperactive symptoms of ADHD, it can help to regulate some of their behavioural symptoms (Pontifex et al., 2013). Conversely, break times can pose problems for the child with hyperactive and impulsive symptoms, as during this time they may have the opportunity to carry out risky behaviours that may cause injury, peer isolation, or disciplinary sanctions (Barkley, 2006). The child may, therefore, require structure and supervision during these parts of the school day. The inclusion of physical activity into the classroom has been described as showing promise (Seiffer et al., 2022; Smith et al., 2013) although not all teachers will be equipped with skills to enable this. Items that are designed to allow the child to fidget, such as 'fidget toys' could

be encouraged; however, there is a lack of evidence to suggest that they increase attention and focus (Graziano et al., 2020).

The transition between primary and secondary education has the potential to be turbulent for a child with ADHD. DuPaul et al. (2014) described it as facing “a plethora of developmental hurdles that are substantially higher for them than for their peers”, which may mean that they get off to a poor start. This phase in their lives could be the first time they have faced difficulties in an educational setting (Nadeau et al., 2015), which could be unsettling and impact mental health. This is particularly concerning because many children start to display symptoms of ADHD in childhood from the age of 12 (Asherson & Agnew-Blais, 2019), which is around this point in their education.

As children progress through school, the expectation is that they will become more independent and responsible for their learning. This is problematic for children with ADHD whose impairments to their executive functioning have become more significant, leading to difficulties such as homework completion, revision for exams, lateness, distraction in class, behavioural problems, and organisation. Kent et al. (2011) identified that children with ADHD are often in lower sets, hand in less homework, and do not adequately prepare for tests, indicating that their symptoms cause issues exacerbated as their education progresses. However, as we have seen, many girls with the inattentive type go under the radar due to the internalisation and masking strategies they have developed, even though they find school life just as challenging as those diagnosed. On a positive note, with more pronounced difficulties, there is a greater chance of referral for diagnosis. For many girls with ADHD, their symptoms begin to heighten during puberty (Nussbaum, 2012), another reason why fewer girls receive an early diagnosis. There may be the view that these symptoms are due to hormone changes; therefore, a neurodevelopmental condition such as ADHD is ruled out or not even considered. On a positive note, this may lead to the teacher, teaching assistant, or parent noticing changes and linking them to ADHD, particularly with the increasing

awareness of ADHD in girls. Nadeau et al. (2015) describe how girls with ADHD may feel despair at the problems they experience at school and that this could be worsened by a lack of support and mental health issues if they go undiagnosed. Even if symptoms are recognised, it takes, on average, nine years more than boys to reach a diagnosis (Young et al., 2020). By this time, the delay or lack of a diagnosis may have led to low attainment and an eroded sense of identity and self-esteem, leading to comorbidities such as depression and anxiety, masking the underlying cause of ADHD.

As a result of the difficulties faced at school, coping strategies start to emerge. For girls, the additional pressure of societal expectations dictates how they should behave, for example, being quiet, obedient, and organised. Due to this, girls with ADHD could be putting an enormous amount of effort into attempting to ‘mask’ their difficulties, which Nadeau et al. describe as follows:

Girls with ADHD are very likely to develop a protective façade as a way of compensating for their differences. It is a defense that may seem to offer an interpersonal buffer, but that façade comes at a high price. Whether the defense takes the form of compliance, arrogance, or aloofness, the outcome can be dire: their true self is never known, acknowledged, or validated. Over time, they begin to feel like impostors who dread discovery (2015, p. 107).

I discuss masking as a coping strategy in more detail later in the chapter.

2.7 School Identification of Students with ADHD

The advantage for children diagnosed with ADHD is that the educational institution is required to support their needs (Department for Education and Department of Health, 2014). Therefore, one of the most important interventions is making a diagnosis as early as

possible (Fried et al., 2016; May et al., 2021), and then supporting the child through school. There is no guarantee that this will work; however, it may mitigate additional comorbidity issues. To increase the number of early diagnoses, not only is appropriate funding for ADHD services required, but in addition to this, there is the need for an increase in the awareness and knowledge of the subtypes, symptoms, and presence of ADHD in girls as well as boys. The latter point is essential for those who have the most contact with the child, such as parents and school staff, as they are in the best position to identify symptoms and request a referral for assessment. Even though referral is often made by teachers (Stroh et al., 2008; Sax & Kautz, 2003), there is conflicting research as to whether they have sufficient knowledge of ADHD symptoms and interventions, with Mohr-Jensen et al. (2015) reporting positively and Gwernan-Jones et al. (2016) stating to the contrary. Greenway & Rees Edwards (2020) suggests that Teaching Assistants (TAs) are more likely to detect ADHD, which is understandable based on their work with diagnosed children and subsequent knowledge of the condition. However, there is no evidence of whether this applies to girls with the inattentive subtype.

2.8 School Interventions for ADHD

There is a lack of research into non-medical interventions for children with ADHD in schools, and there is room for growth in this area. DuPaul et al. (2014) discussed how using computers within lessons increased task engagement and how there may be an increase in productivity when there is the possibility of a reward, such as a fun activity. However, ADHD symptoms are not the same for each child, and what works for one may not suit all, which makes it a complex condition to accommodate, particularly within the framework of the current education system, which is designed around the neurotypical child. Arnold et al. (2020) stated that between the ages of 5½ and 19, there is a range of evidence linking multi-modal ADHD treatment to increased academic outcomes, especially in test scores. An example of this treatment is to combine Cognitive Behavioural Therapy (CBT) with stimulant

medication, which Biederman et al. (2008) suggest works for approximately 70% of children diagnosed with ADHD.

2.9 ADHD and Post-16 Education

The continuation to Further or higher education is when Executive Function (EF) impairments could present the most challenges for students with ADHD due to the expectation that they are independent in their studies and personal lives. DuPaul et al. (2021) suggested that for students who have ADHD and are studying in higher education, there are challenges as soon as they start their first term. Therefore, disclosure or diagnosis of ADHD is essential within the transition period to ensure academic success and mitigate issues such as poor academic performance and comorbidities. In those without a diagnosis, this period of their lives could be an enormous academic and personal struggle, as documented in the literature below.

Brown (2005) discussed how a young person with ADHD who is studying at university comes up against numerous difficulties, such as attendance to lectures, developing effective study skills, sustaining focus in lectures, time management, meeting deadlines, and being able to minimise distractions, despite having a high cognitive ability. There is no evidence to suggest that these issues are reduced if they are a mature student other than having had the time to develop coping strategies, which is not guaranteed. Meaux et al. (2009) identified the numerous issues that students with ADHD face when they are in this stage of their education, such as organising themselves around a timetable that may change, starting and finishing tasks, getting up and ready, and managing other on-campus distractions. They may also have difficulties behaving appropriately in social settings, and those with increased impulsivity may carry out risky behaviours. There is the potential for the young person to experience social isolation, struggle with group tasks, and experience additional issues such as depression (Meaux et al., 2009). If a student with ADHD does complete their course, then

they could expect to do so with a lower grade than they are capable of (Barkley, 2006; DuPaul et al., 2009; DuPaul et al., 2021), and it could be presumed that these issues are much more profound in those who have not received a diagnosis of ADHD.

The transition to further or higher education may be particularly significant because the student is away from family structures and routines that help them manage their ADHD symptoms. However, some students will naturally create coping strategies as they go through their studies, enabling circumnavigation of some of their impairments (Emmers et al., 2017), which could be with or without the knowledge that they have ADHD. The advantage of a diagnosis at this stage is that they can access treatment, support, and reasonable adjustments for assessments, enabling an advantage over those without a diagnosis. Meaux et al. (2009) suggested that in addition to the benefit of a diagnosis, aspects such as setting alarms and reminders, taking prescribed stimulants, removing distractions, and receiving help and support from others are effective interventions at this stage. However, this would indicate that they have control over their symptoms to implement these strategies.

Just as schools are essential in identifying and accommodating ADHD, the university or college must play a role. In a consensus statement focusing on university students with ADHD, Sedgwick-Müller et al. (2022) recommended that ADHD is impairing enough to be in a category of its own, which is significant based on its impact on academic outcomes (Arnold et al., 2020). In addition, they recommend that screening for ADHD is carried out as part of assessments for other learning difficulties, such as dyslexia; it should also be considered if a student presents with anxiety or depression. Their report is comprehensive, and whether universities have the resources to carry out some of the other recommendations, such as mindfulness classes and counselling, is debatable, based upon the increasing pressures they are under from all students (House of Commons, 2023).

2.10 ADHD and Employment

The struggles faced within an educational setting due to symptoms of ADHD, such as distraction and loss of focus, disorganisation, missed or rushed deadlines, and making careless mistakes, are likely to continue to impact an individual's success as they progress into the workplace (APA, 2013), affecting their abilities as an employee. Therefore, having ADHD is not necessarily conducive to success in this domain. As a result, people with ADHD are more likely to be unemployed (DuPaul et al., 2014), face dissatisfaction with their careers, and experience feelings of shame over their failures in the workplace (Painter et al., 2008). Although this is a factor within the general population, young women with ADHD may experience problems achieving success or promotion within their career and find that they move "from one inappropriate career path to the next", facing failure and frustration along the way (Nadaeu et al., 2015, p. 162). In a study focusing on female experiences of ADHD in the workplace, Schreuer & Dorot (2017) suggest that women with ADHD find it "confusing, overwhelming, and chaotic" (p. 429) and that they view their ADHD as a "significant obstacle to success" in their employment.

Despite difficulties, there is the suggestion that having people with ADHD in the workplace can be very beneficial, particularly within specific careers. Patton (2009) proposed that careers involving creativity and a fast-moving environment may be suited to individuals with ADHD. However, there is contrasting literature on links between creativity and ADHD (Fugate et al., 2013; White & Shah, 2006), and where research has proposed a connection, this is attributed to divergent thinking, where the individual demonstrates a different type of thought pattern (White & Shah, 2006). There is also a suggestion that "chaotic thinking" (Finke & Bettle, as cited in Finke, 1996, p. 390), a feature of the hyperactive/ impulsive subtype of ADHD, can generate creativity that is "strikingly original" (Finke & Bettle, as cited in Finke, 1996, p. 390).

Schreuer & Dorot (2017) discuss how someone with ADHD could succeed in a workplace that requires high energy, multi-tasking, and coping with an element of chaos. Other examples that may be suited are self-employment, due to the potential freedom that it may provide (Schreuer & Dorot, 2017) and a career as an entrepreneur, of which the hyperactive/impulsive symptoms of ADHD may be beneficial (Lerner et al., 2019). Research suggests that impulsive features of the condition, such as risk-taking and a desire for autonomy, combined with a lack of premeditation, perseverance, and urgency, allow for a positive association between ADHD and starting a business (Wiklund et al., 2016). However, issues with task completion and organisation may not make this an obvious career choice, and it may be that the boundaries of an established workplace are more likely to offer stability and have a positive impact. A helpful point was made by Smyth et al. (2015), who suggested that a careers advisor was beneficial for someone with ADHD.

Interventions to support individuals with ADHD in their work have been suggested in the literature; for example, Barkley (2014) recommends that employers are sympathetic to the condition, gain knowledge of symptoms and how they may impact the employee in their work, and allow accommodations and support with aspects such as time management and executive functioning impairments. Adamou et al. (2013) proposed that the workplace considers adjustments in the office environment, allowing breaks in long meetings, and implementing a mentoring or buddy system.

From my literature search in this area and other author's observations, there is a need to carry out further research (Schreuer & Dorot, 2017; Sônego et al., 2021) to understand the experiences of women with ADHD in the workplace as well as to enable employers to support them. However, as is the case with ADHD, generalising research could be problematic due to the presence of the two subtypes (and combined type), individual variations in symptoms, and the likelihood that other conditions run concurrently, such as autism (APA, 2013), of which 28 to 44% of adults with ADHD also have (Lai et al., 2014). In

addition, research into women with ADHD's workplace experience whilst pregnant is required, particularly as stimulant medication may be stopped during this time.

2.11 ADHD and Relationships

When one of the partners in a relationship has ADHD, symptoms such as a lack of organisation, forgetfulness, and impulsivity can increase the likelihood that the relationship will fail (Biederman et al., 1994). For those with particularly impulsive symptoms, there may be the possibility of risky or reckless behaviours, such as infidelity, drug-taking, or gambling, where an opportunity for an instant reward blinds the individual to the long-term consequences. Younger women with ADHD can find relationships particularly problematic, with increases in domestic abuse and self-harming behaviours (Hinshaw et al., 2022). As with many aspects of research into female ADHD, there is a need for more in this area, particularly concerning the female-dominated inattentive subtype and LGBTQ+ relationships.

2.12 ADHD and Family

The behaviours of a child with ADHD can place additional pressure upon their parents, leading to conflict, adverse outcomes, and an increase in stress levels (Theule et al., 2013), particularly for the mother (Wiener et al., 2016). An example is household chores, which can be challenging to get any child to carry out; however, for parents of children with ADHD, there can be additional stress as the child may have trouble understanding the task's demands. A parent with knowledge of ADHD symptoms, which is more likely if either they or the child have been diagnosed, is more able to accommodate certain behaviours. This could include helping them complete the task, allowing them time on their own to decompress, or realising that they require frequent opportunities to participate in physical activity, allowing them to expend energy and socialise (Nadeau et al., 2015). If the child is undiagnosed, there may be tensions as there is nothing to attribute their behaviours to.

Particular difficulties could be faced as the child reaches adolescence and is seeking independence (Gordon & Hinshaw, 2017; Wiener et al., 2016), with self-control, mood-swings, academic and peer struggles, and for the severely impulsive child, associating with deviant peer groups, substance abuse, and risky sexual behaviours (Becker et al., 2012). These aspects will likely increase the chance of conflict between parent and child (Babinski et al., 2016; Hulsbosch et al., 2020) and, for girls, conflict with their mothers (Babinski et al., 2011). The undiagnosed child will not have accessed treatment, and again, there is nothing that their behaviours can be attributed to other than their own choices, which can impact relationships, mental health, and self-identity. Early diagnosis of the child would, therefore, benefit the whole family.

Parents with ADHD may lack confidence in their abilities (Park et al., 2017), suffer from elevated stress levels (Perez-Algora, 2018), and have difficulties responding appropriately to their child's negative emotions (Woods et al., 2021). Having a child who also has ADHD could increase these issues even more; however, the parent may be more empathetic towards the child's difficulties (Perez-Algora, 2018), helping them to develop coping strategies (Weiss et al., 2000). Babinski (2016) pointed out that disciplinary strategies used by parents with ADHD could be ineffective, as their symptoms lead to an overreaction or inconsistent approach. As difficulties do not always clearly display themselves or are quickly attributed to ADHD, this inconsistency is not surprising; however, compared to their neurotypical counterparts, Mokrova et al. (2010) proposed that an equal level of empathy is shown.

A woman with ADHD may find that symptoms of a short attention span, organisational problems, and distraction make it challenging to carry out society's expectations of her as a mother, leading to low self-esteem (Stark et al., 2016; Weiss & Murray, 2003). Holthe & Langvik (2017) suggest that the symptoms of ADHD run counter to society's expectations of a mother. If the woman is a single mother, the challenges associated with her ADHD are far

greater, and the symptoms can lead to significant issues of “chronic exhaustion, emotional depletion, and overwhelming chaos” (Nadeau & Quinn, 2002, p. 1). There is a requirement for further research into mothers with ADHD.

In a review of research, Friedrich et al. (2017) concluded that symptoms of inattention had more of an impact on effective parenting than those of hyperactivity/ impulsivity and that training could be offered to support parents with this subtype. However, there is not enough research to draw conclusions, mainly as this implies that symptoms more commonly found in females are to blame. Narrative research would be helpful here as this area is highly subjective.

2.13 Diagnosis of ADHD in Adulthood

As I have presented in the sections above, the symptoms of ADHD can negatively impact a wide range of areas. For women, with the likelihood that their diagnosis will be missed altogether or occur later in their lives, these impairments will be compounded. Due to this, ADHD is often self-diagnosed in adulthood. For some women, the realisation may come from the diagnosis of one of their children, and they see similarities in themselves. As discussed previously, the increase in awareness in the media and on social networking platforms may also lead to a diagnosis. Whilst some people who self-diagnose are content to remain this way, others will actively seek out a medical diagnosis. There are many advantages to the latter, including confirming their suspicions and attributing their difficulties to ADHD symptoms, allowing a better understanding of themselves. Attoe & Climie (2023, p.647) suggest that a diagnosis can be crucial to how they frame their self-identity and allow themselves to improve their lives. Henry & Hill Jones (2011) discuss how it allows them to make sense of their lives, which is similar to Young et al.’s (2008, p. 499) findings that a late diagnosis in women provides “relief and elation” yet leads to “turmoil and confusion” (Young et al., 2008, p. 496), reframing of their past, and finally, acceptance that it is a severe and

chronic disorder. The effects of a lifetime of non-diagnosis are profoundly engrained and detrimental, causing many issues, including damage to self-esteem and self-efficacy (Holthe & Langvik, 2017; Rucklidge & Kaplan, 1997). These impairments will differ from individual to individual based upon the severity of their symptoms, which the DSM-5 states as 'mild', 'moderate', or 'severe' (American Psychiatric Association, 2013).

Although there is little research on older women with a late diagnosis of ADHD (Henry & Hill Jones, 2011), one study of nine women diagnosed in their 60s stated that although there was the potential for a lifetime of "struggle, hardship, and loneliness" (Henry & Hill Jones, 2011, p. 260), some viewed their diagnosis as a strength and that their resilience had led to success with their families, education and careers when their ADHD went undiagnosed (Henry & Hill Jones, 2011). In another study, this time of men over 65, the participants stated that the impact of their symptoms reduced with age, which could be down to both physiological and psychological aspects, and that they benefitted from treatment (Michielsen et al., 2018). In a study of men and women diagnosed between 40 and 60, Nyström (2020) suggested that the participants had experienced many difficulties in their lives. At diagnosis, they felt sadness when looking back at their lives. Young et al. (2008) likened a late diagnosis to the stages of grief (relief and elation; confusion and emotional turmoil; anger; sadness and grief; anxiety and accommodation; acceptance), highlighting the impairments and hardships that undiagnosed ADHD can cause. In Nyström's (2020) study, the participants also described relief at finding positive strategies, such as having a creative career or work that involves challenging tasks.

Once a diagnosis is made, there is a question of what it means to the individual. For some, this may be enough, and there is closure. For others, it may be the start of their journey to understand more about themselves and to enable access to medical treatment and reasonable adjustments in the workplace under the provisions set out in the Equality Act 2010. The issue for some is whether to 'come out' as having ADHD, as even with an

increase in public awareness, there are lingering misconceptions and views that it is not an actual condition. One piece of literature pointed to problems caused by a diagnosis, which included disempowerment due to having an excuse for their problems and decreased accountability for their behaviours (Kazda, 2021). In addition, there may be heightened sensitivity to how others are treating them due to their ADHD, which could be a good thing.

2.14 Coping Strategies

As mentioned in the previous sections on education and employment, societal norms have a particular impact on females with ADHD, and they may struggle with expectations that are opposite to how their symptoms allow them to behave. Consequently, they may experience feelings of being different (Young et al., 2008) and struggle to fit in and behave in a way they believe is normal (Saline, 2023). The attempt to cover up their behaviours is known as 'masking', which Roggli (2021) describes as "intricate facades designed to hide the personality traits that cause them the most shame". Roggli (2021) also describes strategies used to mask, such as overcompensating, hiding feelings, playing up to negative labels, putting others over themselves, or pushing them away (Roggli, 2021). With a late diagnosis of ADHD, a complex and finely crafted mask may have developed as a coping strategy to try to fit in. Saline (2023) describes the enormous damage that masking does to the individual's sense of self in their need to hide who they are. Therefore, a diagnosis is essential to access methods, such as Cognitive Behavioural Therapy (CBT) (Young et al., 2020), to help the individual shed their mask and live more authentically and unashamedly.

Canela et al. (2017) suggested three categories of coping strategies for ADHD:

- social strategies, such as avoiding commitments
- organisational strategies, such as attempting to create a rigid structure to their lives within areas such as their career choice, working additional hours on tasks, and using electronic devices to set alerts

- attentional strategies, such as reducing excessive stimuli, carrying out exercise, and using stimulants, whether as prescribed medication or illicit drugs

In addition, Ginapp et al.'s (2022) study found that techniques such as making schedules, creating routines, reducing stimuli, increasing physical activity, working from home, and being aware of their diagnosis are beneficial, alongside or instead of medication. Not all strategies are effective (Canela et al., 2017), and some may significantly impact mental and physical health. A late diagnosis may also increase the likelihood of substance abuse to deal with ADHD symptoms (Wilens et al., 2003), particularly in those diagnosed with higher levels of impulsivity (de Wit, 2009).

Group therapy for those with diagnosed ADHD that incorporates coping strategies would appear to be helpful (Henry & Hill Jones, 2011; Michielsen et al., 2018) to assist in finding “self-acceptance and awareness” (Henry & Hill Jones, 2011, p. 257) as well as an understanding and strategies to cope with the negative impacts of ADHD (Michielsen et al. (2018). However, this is not exclusive, and those without may seek therapy to help understand comorbidities and their perceived differences, although this may not address the underlying cause of ADHD.

2.15 ADHD – Positives?

Literature suggests a mixed picture as to whether any of the symptoms of ADHD are beneficial. On the one hand, the picture is bleak, with an assessment of none or limited positive aspects (Hoogman et al., 2020). However, there is also the suggestion that ADHD symptoms are not all negative; for example, I explored links (albeit contested) between ADHD and skills that facilitate entrepreneurship and creative careers, above. Sedgwick et al. (2018) studied successful adults with ADHD, reporting that symptoms such as divergent thinking, hyperfocus, curiosity, positivity, and resilience allowed them to have positive

outcomes. The ability to hyperfocus appears to be contradictory to the ADHD symptoms of distraction and a short attention span, which adds to the ambiguities of the condition. Although hyperfocus can be helpful and interesting, it can also be problematic due to the extreme difficulty in switching attention away from the task that has become a fixation, and there can be a feeling of being 'stuck' that can last for hours (Ozel-Kizil et al., 2016). In a review of evidence on males and females with ADHD, Ginapp (2022) noted that ADHD symptoms enabled positives such as resilience, kindness, and the ability to deal with chaotic situations. A link was also made to the hyperactive/ impulsive subtype of ADHD, indicating positives with spontaneity, fun, and having the energy to carry out interests. Young (2005) discussed the resilience shown by adults with ADHD, particularly those with impulsivity, in being able to "continually assess, re-assess, compensate and adapt" (p. 814). Overall, resilience is often cited as a positive example of ADHD (Ginapp, 2022; Holthe & Langvik, 2017; Young, 2005), which could be enhanced in those who have gone undiagnosed as adults. However, resilience is not always present, and strategies such as stress management, creating healthy routines, and seeking social support and counselling (Nigg, 2021) may be beneficial.

2.16 Personal Reflections on the Search for Literature and Chapter Write-up

Reflecting upon how my ADHD linked to my literature searches, I concluded that it was not always a healthy or productive process. My partner described how I routinely buried myself in a "frenzy of research", where I would become obsessed for hours, days, and weeks, collecting as many papers as possible at the expense of anything else. I would go down many rabbit holes, always searching for more and getting stuck. The intensity was exhausting, particularly as I would read the article as quickly as possible and then move on. I attributed

this to both hyperfocus and the activation cluster of EF, which meant that I found it very challenging to get started on the writing as it was too overwhelming. I can hyperfocus effectively; however, it is not always productive, and I do not always know that I am doing it, which was the case here. In addition, I cannot hyperfocus on tasks that take longer and are more cognitively demanding, and I find this very frustrating. Eventually, I would have to stop completely to overcome fatigue and recover.

I had difficulties visualising and organising how this chapter would be written, which, from my research, I realised could be due to problems with my working memory, specifically, 'visuospatial sketchpad disfunction' (Baddeley, 2000), which is how I find it very difficult to hold onto visual information, and then picture the structure. I felt that my experience was different to students on the course who do not have ADHD, as they seemed to be able to write their projects much quicker than I could. With hindsight, reflecting on this process has been a valuable lesson; in the future, I may be able to identify unproductive habits and move on more quickly.

2.17 Personal Reflections on Executive Function Impairment

Each of the six EF clusters has impacted my life in some way, and I have provided reflections on three of these below: activation, focus, and memory, to add insights from my experiences with ADHD.

Activation

“Organizing, prioritizing, and activating to work” (Brown, 2008b, p. 13).

Activation is a significant issue for me. On some days, I find it more challenging than others to start work, and I can feel stuck, no matter how hard I try to get started. My partner describes how I work with the analogy of a deck of ‘ADHD cards’ that I am dealt in the morning; on some days, I have a hand that puts more obstacles in place, and I may not be able to do anything productive. On other days, I am dealt with a different one, and I can be productive earlier in the day and get lots done. Sometimes, I have to leave things until just before the deadline when the adrenaline kicks in, and this is the only way to get started. This does not always result in my best work, which was particularly problematic during my A-levels, undergraduate, and masters degrees. For this project, I went up to the deadline; however, I had learned coping strategies enabling me to carry out my work leading up to this point.

I have developed coping strategies, such as realising that when I am unproductive, I must walk away and return to it later. Most of the time, I will probably not get started on longer or more complex tasks before 2 p.m., which is possibly hormonal. I realised during this course that I work better when there is ambient noise, such as on a train, and I recently discovered ‘brown noise’, which replicates these sounds and has been relatively helpful.

My organisation has improved over the years, which I attribute to having learned coping strategies, particularly with technological advances, and these have had a considerable impact in mitigating some of the symptoms of my ADHD. I use alerts for everything; for example, when I have to leave the house, otherwise I am late, turn up on the wrong day, or miss appointments, which is embarrassing. I will not remember if I do not immediately put an appointment into my calendar with an alert. I have wondered if it is related to perimenopause; however, I have been like this since I was a teenager. At work, now that I have my diagnosis, I have some reasonable adjustments, such as a specific laptop and reminders from administrative staff, that have helped enormously. It is frustrating that my colleagues do not seem to need help with the latter, and I do not know why this is. Electronic Post-It notes cover my computer screen with to-do lists and notes for meetings that I chair, which is an improvement on having lots of pieces of paper that I probably will not be able to find.

Focus

“Focusing, sustaining, and shifting attention to task” (Brown, 2008b, p. 13).

Focus can be hit or miss for me. As mentioned above, when I hyperfocus, I can be highly absorbed, quickly taking in large volumes of information. At other times, I am distracted by any number of things, and tasks take a very long time to complete. One of my passions is watching sports, and if there are

several games on at once, I will happily watch a cricket match on the TV, a tennis match on my laptop, and athletics on my phone, knowing everything about each event and rapidly switching between them. My friends and partner cannot understand how I do this, but it is natural for me. I cannot say the same for activities I am not interested in, and my focus wanders and I need to leave the room or fidget. In meetings, I have to write notes or doodle as a coping strategy to remain on-task. Another illustration of this is how I went about tasks when we were renovating our house, and this was described by my partner as follows:

"An example of your shifting focus is that you started in the kitchen, where you were tiling, you then went into the garage to get something for your tiling, spotted a screwdriver and thought, "Oh, I've got a job for that", so off you go upstairs with the screwdriver, and then you realise you need a drill for this thing, and you go and get a drill, but you come upstairs with the drill, so usually there are five or six jobs on the go. And that's because you are shifting focus all the time."

Memory

"Utilizing working memory and accessing recall" (Brown, 2008b, p. 13).

The use of working memory and accessing recall is particularly problematic for me. I have difficulty accessing and using information unless I have it in front of me or can access it quickly using the internet. When I had to sit exams, I felt

incredibly frustrated that I could not remember important content, which was particularly impairing when I was under stress. I have always thought that exams have discriminated against me because of my memory issues. I cannot come up with a good enough reason why memory is used to make essential decisions about someone's cognitive abilities. My partner described her view of these difficulties as follows:

"So, here is the other thing: I don't think you visualise things; things don't stick in your brain. And because you haven't got anything to hook into your brain, such as likening it to something like a picture, you can't fix it in there."

She also discussed how my forgetfulness could be linked to perimenopause, to which I reminded her that I had many examples of this from earlier in my life; this is another excerpt of our conversation:

R: "If you remember, though, I left my rucksack in our Airbnb, my phone in the hotel in Chester, and items of clothing in other hotels. When I was teaching, I always forgot my keys, my lanyard..."

D: "I can remember one thing that has always stuck in my mind, is that you often forgot your PE kit, and for someone who loves PE!"

R: "I loved PE so much."

D: "That says everything, that you couldn't remember your PE kit and you became a PE teacher!"

R: "I'd lose it as well; I'd be walking around the school with my PE teacher, who would be trying to find it with me! I would forget my shoes, like constantly forgetting my trainers or equipment for the day. If I had a fixture, I wouldn't think to bring my trainers or my kit."

In my teaching career, planning lessons was challenging, as I only seemed to be able to visualise and form a plan of what I would teach if I had observed it from another colleague recently. I then constructed an image of what I needed to plan; however, I would more than likely have forgotten it the next time I taught it. When it came to the lesson, I could never remember the plan, and I would always have to write it on Post-it notes. Nobody else I worked with ever had to do this, and I could never figure out why. In lessons where I was refereeing, for example, in a volleyball game, I could never remember the score, which frustrated me and my students.

2.18 Conclusion to the Chapter

This chapter has explored aspects that are relevant to the life history of an individual with ADHD. Exploring the literature has revealed that ADHD causes impairments that can impact the lifespan in many ways and that there are few positives to it. ADHD is also a heterogeneous condition, and those who have it experience their symptoms in different ways, making it, for some, very difficult to detect, particularly with the inattentive subtype, which is diagnosed more in females. In relation to education, ADHD can cause lower attainment and outcomes, disciplinary issues, and the onset of depressive symptoms,

particularly in females. As an individual reaches adulthood, the increase in independence can lead to many difficulties as the structures imposed by parents and schools reduce. They may find that this is when impairments of their executive functions (EF) that are due to ADHD are most prominent, leading to issues with many aspects of their lives, such as achieving their potential, maintaining successful and fulfilling employment, managing finances, coping with the demands of family life, and more.

For girls with ADHD, the prevalence is documented as one in every three boys, evening out as they reach adulthood, when women are diagnosed later. Literature suggests that females predominantly have the inattentive subtype of ADHD, which is more internalised and challenging to diagnose. As a result, it is a possibility that there are more females with ADHD than has been previously thought. There are also females with the hyperactive/ impulsive and combined subtypes, and it is essential that this is not overlooked. Society's expectations for females contradict symptoms of ADHD; for example, being quiet, organised, focused, and detrimental and complex masking techniques can be developed to compensate for and disguise the difficulties in conforming to these outdated norms.

If an early diagnosis is made, this is more likely due to symptoms being picked up by teachers or TAs from the child's school, although this is much more likely for boys with the hyperactive/ impulsive subtype. As a girl's ADHD is often missed, there may be a realisation in adulthood that this is the probable cause of the setbacks, failures, and frustrations that she has faced. Symptoms could be recognised from an article or after one of her children is diagnosed. A mother with ADHD may find that impairments of her EF make her role more difficult, and she is judged negatively on aspects such as her organisation, which could damage her self-esteem. In her late 40s and 50s, symptoms of peri- and menopause overlap, such as issues with concentration and memory, and may conceal symptoms of ADHD, which may further delay a diagnosis. With problems caused by ADHD impacting throughout the lifespan, a late diagnosis can initiate a period of mourning and reflection

likened to the stages of grief over what could have been. However, there may be a relief that the problems faced can finally be attributed to a medical diagnosis.

Despite the positives of the increasing knowledge base of research and awareness in the media, there are still those, including teachers and medical professionals, who dismiss ADHD as a pseudo-condition caused by external factors such as poor parenting or food additives. Bisset et al. (2022) described attitudes towards ADHD within the community as mostly cynical, which is problematic, mainly as this is a recent study. As explored earlier, it would be hoped that the positive media coverage of ADHD could change this position and contribute to greater awareness and understanding. With the stigma attached to ADHD, the individual may internalise their problems, causing additional impairments and an unwillingness to disclose it to their employers (Holthe & Langvik, 2017), which may not be in their best interests.

Chapter 3 Methodological Justifications

3.1 Introduction to the Chapter

This research project aimed to gather insights from women who had received a diagnosis of ADHD between the ages of 35 and 50 based on their interpretations of the impact that it has had on their lives. An appropriate methodology was required to facilitate the collection and analysis of rich, detailed information from each participant, allowing them time and space to explore their experiences. In addition to this, as a woman who was also diagnosed with ADHD in her mid-30s, I felt that some of my own experiences could be useful to the research by adding a reflexive lens and through the co-construction of data with the participants about our shared experiences. In this chapter, I will justify my decisions for the research design and set out the ethical considerations required to ensure research integrity and protect the participant's best interests.

3.2 Research Questions

To add specificity and direction to the primary aim above, the following research questions were constructed:

1. What do women with a late diagnosis of ADHD say about their lives?
2. When a woman has realised that she has ADHD, how does she experience this event?
3. Does the realisation that she has ADHD change a woman's construction of her sense of self?

3.3 Ethical Considerations

The ethical considerations of this project had to be thought through in detail, from the initial planning phase to the interviews and writing-up of the final thesis (Silverman, 2014). The

project utilised a narrative methodology (I will justify this choice later in this chapter), which comes with specific ethical issues (Chase, 2011), for example, balancing the research requirements with the intrusion into a participant's life. Guba & Lincoln (1989, p. 115) suggested that this type of methodology can create situations that can be difficult to manage, such as with confidentiality and anonymity, and this was particularly important as I expected that my participants would go into a high level of detail about their lives. Without careful consideration of ethical issues, I could leave them vulnerable. After taking into account a range of aspects, ethical approval was applied for and granted by the University of Chester's faculty ethics committee.

My favoured strategy to recruit participants was to approach a specialist NHS ADHD service due to the ease of access to women meeting the criteria. If this strategy did not work, I planned to use the social media platform Facebook, which I had to do in the end. By using a Facebook group, I was careful to provide potential participants with an advertisement that gave a brief yet detailed description of the intended research project and asked those interested to contact me using my university email address.

I needed to protect my participant's anonymity, so I requested they respond using my university email address rather than reply to the Facebook post. Some women expressed an interest in full view of the group, and I was careful not to converse through this page. I contacted the first six women who met the research criteria and responded to my emails. A couple did not follow up on the initial contact, and I had to choose others. I had expected this due to symptoms of ADHD leading to an initial enthusiasm and subsequent drop-off, for example, not completing tasks, forgetfulness (APA, 2013) and difficulties dealing with stress (NHS, 2018). From my experience, I can imagine how enthusiastic I would have been initially. Then, with the prospect of participating, I would probably become overwhelmed and withdrawn.

A University of Chester Informed Consent Form and Participant Information Sheet (Appendix A) was

provided and explained to the participants before the interview. The participants were given the opportunity to ask questions and consider whether they were happy with the aims of the project, the methods that would be used, and how the data would be displayed. During the explanation, I discussed the benefits and potential risks of participating, which included those to their psychological well-being. I asked the participants not to hesitate to notify me if they needed to stop and withdraw from the project at any time. I was careful to provide reassurance to the participants that their anonymity would be protected and that anything that would have the potential to identify them would not be used or changed in a way to ensure their privacy. I described to the participants how the interview data would be interpreted to create a story and that a pseudonym would be used. In addition, if they decided to remove information or withdraw from the study, their data would be deleted without question. I discussed how the interview would be recorded on a password-protected device and that this would be deleted after it was uploaded to my password-protected university OneDrive. Information was also provided about how their data would be transcribed and interpreted to create individual stories for the project and that only I could access the raw data. The participant was informed that all raw data would be deleted after the completion of the research project.

I offered the participants a choice of venue for the interview, and most chose their own home, which comes with ethical issues for both my participant and me, as we were strangers. From my perspective, I was careful to take a fully charged mobile phone and inform my next of kin how long I expected to be. For the participants, I reassured them of my authenticity as a researcher through our communication using my university email address. There were no issues in carrying out the interviews.

3.4 Methodological Stance

In this section, I will justify my choices within the constructivist paradigm of relativist ontology, subjectivist epistemology, and narrative methodology. I will also discuss my choice to employ a single interview containing two methods: a life story interview and a focused conversation.

Paradigm

A paradigm is a research approach that comprises a specific choice of “beliefs and philosophical assumptions” (Creswell, 2013, p. 15) to navigate and steer action within a research project (Guba, 1990). The classification of paradigms in social sciences is contested, with Hammersley (2012) stating that a definitive list of paradigms is impossible due to the unique nature of qualitative research. On the other hand, authors such as Guba & Lincoln (1994; 2005) have created categories, for example, ‘Positivism’, ‘Post-Positivism’, ‘Critical Theory et al.’, and ‘Constructivist’ (Guba & Lincoln, 1994, p. 109). I will justify my reasons for ruling out the first three and opting for the constructivist approach below.

From the start of the project, I had the aim of finding other women with ADHD and listening to how it has impacted them throughout their lives. To answer my research questions, I required a paradigm framework allowing the participants to be viewed as individuals with unique stories.

The Positivist and Post-Positivist paradigms were ruled out because they focus on proving or disproving a hypothesis from data gathered from experimental methodologies. The Positivist paradigm focuses on quantitative research and aims to provide a single explanation, with generalisations and cause-effect linkages as a result of the data analysis (Guba & Lincoln, 2005). As my research aims were not experimental, I ruled these out.

Critical Theory aims to create better conditions by seeking praxis, and this paradigm could have been beneficial to apply to this study, for example, Critical Feminism. Using this framework would have allowed me to focus on the historical categorisation of ADHD as a male condition (Young et al., 2020) and to explore aspects such as disadvantageous, socially constructed gender stereotypes that mean that females mask their symptoms (Quinn & Madhoo, 2014) and are overlooked or incorrectly evaluated in diagnosis. After careful consideration, I ruled out this paradigm, as my research questions required an approach

where my participants constructed knowledge about themselves as individuals rather than group members. Since discovering that I have ADHD, I have reflected upon and constructed an interpretation of how ADHD has impacted my life, and I wanted to be able to co-construct data with the participants. For this to happen, I required a paradigm that would allow this, leading me to the constructivist paradigm, which I will explore below.

Ontology

In choosing the constructivist paradigm for my research, I took a 'relativist' ontological approach (Guba & Lincoln, 1994), where from the outset, I assumed that there are multiple versions or realities of truth and that no single version is absolute. Applying this approach to my participants meant that for each one, I viewed them as having a unique story to tell, different from the other participants, yet just as valid. Guba & Lincoln (1994, p. 110) referred to these differences as being formed from "multiple, intangible mental constructions, socially and experientially based", which rejects the notion of there being a single, objective truth and instead accepts that each of my participants has lived an individual life that. For example, even if two girls with ADHD shared the same educational experience, their constructions of this period will differ. Even though the assumption is that the participant's story will be unique, Guba & Lincoln (1994) state that there may be shared elements between individuals, although they will experience these similarities differently. The premise that my participants may share elements with the others is interesting, although not unexpected, based upon the symptoms required for diagnosis of ADHD. In addition to the shared elements, there may be conflicting and unexpected aspects, which is equally interesting in my role as the researcher.

Epistemology

The epistemology within the constructivist paradigm is prescribed as 'subjective' (Guba & Lincoln, 1994), which suits how the individual participants constructed a unique version of their experiences. The objective notion that participants can be studied through empirical observation and assessment contradicts the constructivist approach, which views knowledge as being generated by a

collaborative, transactional process of co-construction between the researcher and the participant that is ‘literally created as the investigation proceeds’ (Guba & Lincoln, 1994, p. 111).

Justification of Methodology

Applying the constructivist paradigm corresponds to a “hermeneutic/dialectical” approach (Guba & Lincoln, 1994, p. 109) to the methodology, whereby there is an interaction between the researcher and the participants that is “aimed at the reconstruction of previously held constructions” (Guba & Lincoln, 1994, p. 112). The information gained from the selected research method is the participant’s construction and is informed by their thoughts and feelings. As the researcher, I used this information to create a reconstruction based on my interpretation, ensuring that I was continually reflexive in the research process, setting out how my beliefs and experiences may have influenced my subjectivity.

Denscombe (2017) suggested that no single, specific methodology aligns with the constructivist paradigm and that selection must be based upon the most appropriate to the research aims. As my research focused on exploring the lives of each participant, I required a methodology that allowed for a detailed, individual story to be told. I used Creswell’s (2013) categories of ethnography/ autoethnography, case study, phenomenology, narrative, and grounded theory in my decision-making process and justification for my choice of the narrative methodology.

I rejected an ethnographic approach as I did not expect to be able to spend a considerable amount of time with my participants (Bryman, 2012), which was fortunate due to the COVID-19 pandemic lockdown that occurred during the project. Autoethnography could have been an appropriate methodology due to my late diagnosis of ADHD, and I could have answered my research questions with it; however, I was aware that this methodology could be very personal (Sparkes, 1992), and as the report’s author I would not be afforded anonymity, which I considered to be problematic. Conversely, I recognised that this methodology may

have been meaningful and cathartic (Cohen et al., 2018), as I could explore difficulties in my life that I attribute to ADHD. On balance, I viewed this methodology as too personal for myself and my family, and it was therefore unsuitable.

The case study methodology is employed extensively in social research (Priya, 2020) and involves an in-depth investigation into the focus of the study, including an analysis of the context that requires a “detailed description of the setting for the case” (Creswell, 2013, p. 103). Whilst an in-depth exploration of each woman’s experience of their late diagnosis of ADHD is a suitable methodology to answer my project’s research questions, this approach focuses on using the data to provide explanations of an issue (Creswell, 2013). It does not suit the focus of my research questions, which was to allow the participant’s personal story to dominate.

Following Creswell’s categories, this left phenomenology and narrative methodologies. I deemed both of these to be suitable for answering my research questions. Creswell (2013, p. 75) described how a phenomenological methodology aims to create an “essence of a lived phenomenon”, which, for my inquiry, would mean trying to pin down an overall sense or ‘essence’ of the population of women with a late diagnosis of ADHD. Although phenomenology would be particularly useful in creating generalisations concerning the experiences of the growing number of women diagnosed in adulthood, I aimed to present the unique truths of individuals.

After careful consideration, I selected the narrative methodology, where the individual’s life story is told, studied, and shaped into a timeline of key events (Clandinin et al., 2016; Creswell, 2013). This methodology was described by Creswell (2013) as the “best for capturing the detailed stories or life experience of a single individual or the lives of a small number of individuals” (pp. 73-74), which I considered to be the best fit to answer my research questions.

I was drawn to how the narrative methodology requires an authentic interpretation and construction, ensuring that a restorying is created in the participant's voice (Cohen et al., 2018), which matched my belief that each participant's account was the most important aspect of the investigation. Lieblich et al. (1998, p. 7) added weight to my choice by stating that a narrative methodology is "one of the clearest channels for learning about the inner world" and that it provides "access to people's identity and personality", which fits with the focus of my research aims.

I had to consider challenges to my choice of a narrative methodology; for example, Creswell (2013) described issues gathering a comprehensive collection of information and being able to understand the participant's life. In addition, Polkinghorne (1988) discussed the accuracy of the participant's memory, which was particularly relevant as I was asking them to recall aspects from their childhood. Derrida (1972, as cited in Denzin, 1989) provided an informative outline of potential issues that the narrative approach may have on a participant's construction in that there is:

No clear window into the inner life of a person, for any window is always filtered through the glaze of language, signs, and the process of signification. And language, in both its written and spoken forms, is always inherently unstable, in flux, and made up of the traces of other signs and symbolic statements. Hence there can never be a clear, unambiguous statement of anything, including an intention or a meaning. (p. 14)

Using this methodology in my research meant I accepted the participant's narrative as a construction of their experiential truth at that particular point in their life. I could not be sure that my participants' recollections were objectively accurate, or they did not leave out critical elements in their life stories, or they embellished or added aspects that they thought I needed to hear (Clandinin, 2016). However, selecting the narrative methodology that values

the participant's verbalised account means that I accepted the participant's data at that moment as their truth.

I had to consider how much knowledge my participants had of the symptoms of ADHD and how they interpreted the impact of these. The participants may have had a range of knowledge about ADHD, and if they were recently diagnosed, they might not have had time to consolidate their thoughts, feelings, and beliefs about how it has shaped their lives; however, within the narrative methodology, standardisation of experience is not essential and what is important is their story. Derrida's statement that articulation is not fixed in place and is "inherently unstable, in flux" (Derrida, 1972, as cited in Denzin, 1989, p. 14) means that I need to focus on each participant's story separately and understand that it is their truth in the timeframe of the interview. I can understand this from a personal perspective as after diagnosis, I have spent a long time reflecting and making connections between my behaviours and ADHD symptoms. My story this week may differ from last week's, which I accept in my participant's accounts.

The participants in this project have constructed many revisions of their life stories, with aspects added, reworked, left out, or misremembered. These revisions are especially the case when a specific event has occurred in a person's life (Gubrium & Holstein, 2016), and I was particularly interested in the point that they became aware that they have ADHD, whether this was through a medical diagnosis or their own realisation that led to seeking one. This aspect was important in my decision to use the narrative methodology, as only the participant can construct thoughts and feelings about this moment in their lives and how their reflections, now that they know this, have informed their subjective constructions. The overall aim is that this snapshot adds "another voice in the conversation" (Smith, 1993, p. 150) in this under-researched area.

Justification of Methods

In choosing the narrative methodology, I required methods that allowed access to the participants' thoughts, feelings, and reflections, usually hidden below the surface. I decided that interviews were the only method that would achieve this. Had I chosen a method such as a questionnaire, I would have been unable to capture the complexities of the participant's stories (Mitchell & Egudo, 2003). I chose to carry out a single interview consisting of two strategies: an individual life-history interview and a focused conversation. I will explain and justify these choices below.

Life-history Interview

As discussed in the section above, choosing a narrative methodology required methods that captured the "detailed stories or life experience of a single individual or the lives of a small number of individuals" (Creswell, 2013, pp. 73-74). I chose a life-history interview to allow participants to talk through stages in their lives that they felt were relevant to their diagnosis of ADHD. This choice of method is described as pivotal in narrative studies because it allows for the exploration of intricacies and details of individual lives and how they carry out roles within society (Cohler, 1988; Cohler, 1993; Gergen & Gergen, 1993; Josselson & Lieblich, 1993, as cited in Atkinson, 1998, p. 4).

Horsdal (2016) suggested that this type of interview should be carried out using one question, and I therefore planned an open question that would allow participants freedom to discuss the topic area in relation to points in their lives. The question was:

"From childhood to the present day, how has ADHD impacted your life?"

I needed to invite my participants to tell their stories without my interference (Riessman, 2008), uninterrupted by "interrogations, questions, preferences, and agendas of the interview" (Horsdal, 2016, p. 261). For someone with a diagnosis of ADHD, a life-history

interview may not be the most suitable choice of method due to issues with focusing attention, listening, interrupting, talking excessively, and becoming side-tracked (APA, 2013). However, I judged that the potential impact of these symptoms was more likely to cause problems for me, as the researcher, than something that I should be concerned about with the participants.

In planning the interview strategy, I reflected upon how my ADHD symptoms may impact the interviews and what I needed to consider when carrying them out. In the diagnostic Conners' Scales, I scored highly in both subtypes of inattention and hyperactivity/ impulsivity, and therefore, I am diagnosed with the combined type. I needed to ensure I sustained my focus and listened without interrupting in the interviews. When I asked my partner, she told me that I can seem as though I am zoning out of conversations and that I can lack facial expressions or signs of engagement (nodding, vocal expressions). In my opinion, I do listen; I just get impatient when it is clear to me that the conversation needs to move on. I also switch my attention between what is said and other thoughts that I am having, which could come across as being inattentive; however, it has made me think about how I converse with people, and I am now more self-aware, although I may be masking my natural behaviour as a result. Before the interviews, I used notes to remind myself of my role and several key prompts to focus on how I needed to come across to develop a rapport with the participant.

Not everyone with ADHD has the same cluster or severity of symptoms; therefore, I could not predict how the interviews would go. My strategy for difficulties sustaining participants' attention was to provide prompts, which I could not do with a questionnaire; however, I was only willing to do this, if necessary, based on the method that I had chosen. Secondly, because I was asking the participant to tell her story, apart from being side-tracked or losing focus, talking excessively could be advantageous to this type of methodology and provide additional insights into their lives. I decided to avoid asking additional, probing questions unless it was necessary to bring the participant back to the interview question.

During the interview process, some of the participants spoke in detail without needing additional questions or prompts; therefore, the one-question approach worked. A couple of participants required prompts during the interviews, which allowed for a more detailed account.

I needed to keep the structure of the interviews relaxed, as data may be lost if it is too rigid (Goodson, 2016). Therefore, I encouraged the “flow of recall and reminiscence” to “allow for natural storytelling” (Goodson, 2016, p. 79), which fits with the single-question approach. Interviewing was described by Cohen et al. (2018, p. 506) as “a social, interpersonal encounter, not merely a data-collection exercise”, and it was important that prior to the interviews, I considered details such as the location, and as discussed already, my presentation as the researcher.

When recruiting participants, I gave a choice of the university, their own home, or a Skype call, with all but two choosing their own home. I decided to disclose my late diagnosis of ADHD to participants to build a rapport and locate some common ground (Reinharz & Chase, 2002; Goodson, 2016), although I made it clear to them that my aim in the first part of the interview was to hear their story. Upon reflection, I believe this was a helpful strategy, and the interviews felt more authentic and relaxed. I got the sense that most of the participants appreciated talking to another woman with ADHD, and it was not something that they had done very often, if at all. This strategy led effectively into the second part of the interview, as explained below.

Focused Conversation

In addition to adding my reflexive positioning throughout the project, I felt that my experiences of having a late diagnosis of ADHD would be helpful, which is supported by Goodson (2016, p. 85), who suggested that the researcher can reveal their own story if it is relevant to the research question, which I felt it was. To enable this, I opted for a second part

of the data collection, with a “focused conversation” (Clough & Nutbrown, 2012, p. 86), which is a discussion relating to the research questions. I decided to place this part of the interview immediately after the first, but only when I was confident that the participant had exhausted their life-history narrative. I assumed that by this point, we would have had time to build a rapport and that I could use points that were fresh in our minds to shape the conversation, with the aim of “holding on to the talk, reshaping talk and creating a dynamic where one person allows another’s words to illuminate and sometimes rephrase their own” (Clough & Nutbrown, 2012, p. 95). The participant and I discussed our shared experiences with ADHD; with most participants, this worked well and was productive in generating additional data.

Conclusion to Methods

With both types of interviews, there are potential issues. Given (2008, p. 129) warned that my participants might share constructions that they think I want to hear, whilst Bruner (2004) discussed how constructions are in the participant’s mind. They may be “unstable’ - factored by the participant’s recall, memory and willingness to reveal” (p. 694), and they are not a clear-cut “recital of something univocally given” (Bruner, 2004, p. 692). As the interviewer, I may also look for information that is not there (Clandinin, 2016). With the addition of the focused conversation, I was confident that I could at least probe a little into the participant’s narratives, echoing Clough & Nutbrown’s (2012) view that this method would allow the participant to rephrase and build upon their accounts.

3.5 The Participants

Introduction to the Participants

Employing a narrative methodology can be time-consuming, with lengthy interviews to transcribe and then shape through the data analysis process (Goodson & Sikes, 2001, in Goodson, 2016). Therefore, I sought to recruit a low number of participants (six) with the selection criteria reflecting a demographic who are under-researched in the ADHD

community of females between the ages of 35 and 50 and with a medical diagnosis of ADHD. Due to literature that suggested that many women receive a late diagnosis of ADHD (Grevet et al., 2006; Nussbaum, 2012; Young et al., 2020) in their late 30s or early 40s (Crawford, 2003), a participant criterion of females between the ages of 35 to 50 was determined. This is a particularly interesting age range because ADHD is often a life-long condition (Cherkasova et al., 2013). For these women, it has gone either undiagnosed or misdiagnosed for much of their lives. Women in this age range have the potential to have had enormous life experience regarding areas such as education, careers, and family, and there was the potential for some fascinating stories of the impact that ADHD has had on them. The upper age limit was capped at 50, as I was interested to hear the participant's views on whether their diagnosis would impact areas of their lives, such as their career.

As mentioned in the ethical considerations section of this chapter, recruiting participants was more difficult and time-consuming than I had anticipated, adding further justification for the small sample size. After unsuccessfully recruiting participants through two regional NHS ADHD services, I advertised on two ADHD Facebook group pages. I received offers almost immediately from many women keen to share their stories, and I went with the first six who got in touch with me.

The following table provides information on the participant's pseudonym, subtype of ADHD, their age at diagnosis, other conditions that they disclosed, and their level of education. All participants are from England.

Pseudonym	ADHD	Age at diagnosis	Other conditions	Education
Emma	Hyperactivity/ Impulsivity	35	Possible Autism.	Undergraduate degree - mature student.
Sarah	Combined	40	Depression. Dyslexia.	Undergraduate degree.

Kate	Combined	40	Dyslexia.	Undergraduate degree – incomplete.
Dawn	Combined	46	Possible Dyspraxia.	GCSEs. Vocational qualifications.
Michelle	Inattentive	45	-	Undergraduate degree.
Jasmine	Combined	52	Autism.	Undergraduate degree. Masters.

My Role as a Participant

Although I wanted to avoid the highly personalised autoethnographic approach (Sparkes, 1992), I felt that there were stories from my own life with a late diagnosis of ADHD that would add to the project's aims. I decided to add my voice to parts of the project where it was appropriate, in both a reflective and reflexive way. Additionally, my reflections on writing a doctoral thesis as someone with ADHD might be helpful.

3.6 Data Analysis

Transcription

I decided to transcribe the audio recordings, even though this is a process that is demanding and complex (Kowal & O'Connell, 2014), to fully immerse myself in the data (Chafe, 1995, as cited in Kowal & O'Connell, 2014). I used the 'Dragon Anywhere' speech recognition app to help me to focus on this task. I listened to the participant's recording and then repeated it word for word into the app to create a draft transcript. To gain further validity, I listened again to the recording whilst following my transcription (Goodson, 2016), paying attention to both the words and nuances of speech. Due to this process, I became very familiar with each participant's narrative and, as a result, had a feel for the data (Clough & Nutbrown, 2012). At this stage in the data analysis, I began to create hermeneutic constructions of the participant's narrative.

Restorying

Choosing a narrative methodology allowed me to create an authentic, detailed interpretation (Cohen et al., 2018) of the participant's accounts. Through 'restorying', I could select and analyse significant aspects contained within the narratives and organise them into a chronological account (Creswell, 2013; Ollerenshaw & Creswell, 2002). I was not looking to create a biography or check the accuracy of events in my participant's account; instead, I aimed to understand the significance that each placed on these events (Polkinghorne, 2007) without looking for hidden meanings (Willig, 2014). In the results chapter, I used data from both interview methods to construct the restoried accounts. I added reflexive comments to the end of each one, using some of the data gathered in the focused conversation.

3.7 Introduction to the Philosophical Theory

In addition to the hermeneutic considerations that can be made by reading the restoried accounts in Chapter 4, I have applied theory from several philosophers to answer the research questions. I have paid particular attention to Bourdieu's 'Theory of Practice', Lacan's 'Register Theory', and Julia Kristeva's 'Abjection', and I have outlined these in the sections below. I have also applied theory from philosophers such as Durkheim, Ball, Neill, and Badiou.

3.8 Introduction to Bourdieu

Pierre Bourdieu was perhaps the twentieth century's most preeminent sociologist (Rawoll & Lingard, 2013) whose intellectual philosophy stands amongst those of renowned peers such as Foucault and Derrida (Webb et al., 2002). Bourdieu took inspiration from philosophers such as Marx, Durkheim, Weber, Merleau-Ponty, Heidegger, and Levi-Strauss and has impacted many areas, including education, art, and politics. Bourdieu's theory came out of his dissatisfaction with contrasting objective and subjective viewpoints within the existing work of structuralists and phenomenologists. In his own words, his work investigated the

"science of the dialectical relations between the objective structures to which the objectivist mode of knowledge gives access and the structured dispositions within which those structures are actualized and which tend to reproduce them" (Bourdieu, 2002, p. 3).

Bourdieu focused on the formation of social structures and how power within a particular society or 'field' is distributed, converted, and reproduced, and this was incorporated into his 'Theory of Practice', made up of the interlinked aspects of 'Habitus', 'Field' and 'Capital', summarising them as follows (Bourdieu, 2010, p. 101):

$$[(\text{habitus})(\text{capital})] + \text{field} = \text{practice}$$

The concept of 'field' is described by Bourdieu & Robison (1985) as "an autonomous universe, a game-space where one plays a game with certain rules, rules different from those of the game played in the space nearby" (p. 65) with these rules embodied through a process of socialisation which Bourdieu named, 'habitus'. Following on from the work of philosophers such as Aristotle and Mauss, Bourdieu described habitus as:

A system of durable, transposable dispositions structured structures predisposed to function as structuring structures, that is, as principles which generate and organise practices and representations that can be objectively adapted to their outcomes without presupposing a conscious aiming at ends or an express mastery of the operations necessary to attain them. (Bourdieu, 1990, p. 53).

Therefore, Bourdieu viewed the habitus as the embodiment of rules and norms within a field that are learned and reproduced through participation. Once embodied, these dispositions create a structure that the person can rely upon to affect a suitable, automatic response that is in keeping with these expectations, allowing their behaviour to pass as 'normal'. Bourdieu applied the term "body automatisms" (1990, p. 68) to describe how someone does not have

to think about or question why they behave in a particular way - it is built into their cognitive and motor functioning through learned behaviour. Our culture and interactions shape our habitus; therefore, we respond or think in a particular way. Bourdieu (1990) described this as the individual being both "objectively 'regulated' and 'regular', without being in any way the product of obedience to rules, they can be collectively orchestrated without being the product of the organizing action of a conductor" (p. 53), which in theory, simplifies the route to the common goal within the field. The habitus not only involves norms of cognitive thought but includes norms of physical behaviours or 'bodily hexis', which must be embodied as part of the socialisation process for successful integration and accumulation of capital within the field. Prominent examples within education are the requirements to stay seated and still, only talk when the teacher invites, and produce quality work within a set time. If a student does not have a compatible habitus, there is a 'hysteresis' (Bourdieu, 2000), which makes them feel as though they are a "fish out of water" (Bourdieu & Wacquant, 1992, p. 127) - an outsider.

The resources an individual can possess are deemed to be 'capital' and can be tangible and intangible. The field values particular capital, and those with it hold power and can convert it into different types, which increases their advantage within the field in which they operate. Bourdieu listed several different types of capital, such as social, economic, symbolic, and cultural, and each can be accrued and traded for different forms (Bourdieu, 1986).

How someone carries out their life is determined by the features of the 'field of play', and these are not always explicitly clear or may not work in their best interests. Wacquant (1995, p. 492) described how we adopt "the half-inarticulate, quasi-organismic belief in the value of the game and its stakes". Bourdieu used the additional terms: 'misrecognition' and 'symbolic violence' to describe how power can manipulate and control the behaviours of individuals within the field to maintain social order. Misrecognition is a process where society promotes and reproduces 'truths' that are taken for granted, accepted without question, and embedded

into the collective psyche. Bourdieu & Passeron stated that we take these truths "not for what they objectively are but in a form which renders them legitimate in the eyes of the beholder" (1990, p. xiii); therefore, they go unquestioned and unexamined, concealed by both the dominated and dominating (Thomson, 2014). Regarding education, 'truths' determine how we perceive cognitive ability. One way this occurs is the embodied belief that cognitive ability is linked to how well we can remember and apply this knowledge within the time-limited conditions of a silent room, which would not suit everyone. Bourdieu and Wacquant describe symbolic violence as "the violence which is exercised upon a social agent with his or her complicity" (1992, p. 167). This does not refer to physical violence; instead, it leads the individual to accept and suffer consequences caused by society's beliefs, norms, and values, which I will explore further in my response to the first research question in the discussion.

3.9 Introduction to Lacan

Lacan was described as the "most important psychoanalyst since Sigmund Freud" (Homer, 2004, p. 1), with his theoretical work relating to "structuralism, linguistics and anthropology" (Lemaire, 1977/2014, p. 1) used within various fields. Freud provided a significant influence on Lacan, with Lacan considering his work to be adding to Freud's (Bailly, 2009). Lacan also took inspiration from philosophers and social anthropologists such as Spinoza, Husserl, Saussure, Durkheim, and Levi-Strauss, and, in turn, he influenced those such as Badiou and Kristeva.

One of Lacan's most significant works is his 'Register theory', which he used to explain human subjectivity, describing it as "three quite distinct registers that are essential registers of human reality: the symbolic, the imaginary, and the real." (Lacan, 1953, p. 4). Later in Lacan's work, he used the Borromean knot analogy to describe how each register is "bound together to give our lives a sense of stability" (Leader, 2014, p. 45), and if ruptured, our sense of self and connections to reality become unclear.

Lacan's concept of the 'imaginary' was interpreted by Mills as the "domain of images, appearances, and illusory projections of our sense of self onto our relation to others and the world, which are largely constructed through fantasy" (Mills, 2019, p. 3). Lacan theorised that we create an imaginary ego that others ourselves from our true self. The formation of this is driven by our relationship to the 'Other', consisting of individuals and groups, and to the symbolic discourse of the 'Big Other', which we look up to and behave in ways that we believe fit into its norms and values. To participate within the symbolic order, we must form an alienated image of ourselves, our imaginary ego, a fantasy depiction of what we believe to be an 'ideal' subject in the eyes of the 'Other'. Therefore, we become alienated from our true selves and confused about who we are (Homer, 2004, p. 25). When we interact with people, we face them with an imaginary construct of ourselves, and we see only an imaginary construct when we look at them. The ego that is created because of the imaginary is not a stable construct but a "fragmented image of the body" (Lacan, 1949, p. 78) or "a terrain of conflict and discord; a site of continual struggle" (Homer, 2004, p. 31) and therefore is subject to change. Within the Register Theory, Lacan used the term 'Real' to describe patients who have psychosis; however, this could be applied to other areas when something that is "always in the background" (Lacan & Miller, 1988, p. 206) comes to the fore, which describes the sudden emergence from the "domain of the unconscious" (Mills, 2019, p. 18) of things that had not been signified until that point. Within the symbolic order, Lacan explored how language is important and that to make sense of something, they would need to be 'signified', i.e., by placing an attachment on them that he described as suturing the signified to the signifier. Lacan's description of the suturing of signified to signifier creates stability because the individual recognises it. If something occurs (Lacan refers to this as an 'event'), the signifier and signified split apart, and meaning is lost. At this point, problems can be caused for the individual because there is instability and confusion. Badiou described the event as a 'rupture' in the fabric of the symbolic order and is when the participant recognises a new truth that challenges their status quo (Badiou, 2007). I will apply these concepts within my response to the second research question in the discussion.

3.10 Introduction to Kristeva

Julia Kristeva is described as "one of the most prolific theorists in France" (Oliver, 1997, p. viii), with influences in psychoanalytic theory and linguistic analysis (Oliver, 1997). As a post-structuralist, her focus was on systems "through time, as events or processes" (McAfee, 2004, p. 6), for example, those that impact a person's subjectivity within a society.

'Abjection' is a concept that contrasts Lacan's 'petit objet a' (Felluga, 2002), which is the individual's desire to fill the void of the lack and describes the process whereby unwanted aspects of the self are expelled. Kristeva described the "jettisoned object, is radically excluded and draws me toward the place where meaning collapses" (Kristeva, 1982, p. 2), which links to Lacan's notion of a tear in the symbolic order or Badiou's 'rupture'. Kristeva described how the item that needs to be abjected "lies outside, beyond the set, and does not seem to agree to the latter's rules of the game."

(Kristeva, 1982, p. 2); therefore, it must be removed. Kristeva's abjection is a rejection or "radical" exclusion (Kristeva, 1982, p. 2) of the object or thing that is no longer recognised or identified with, and this must be cast out to recreate stability within the symbolic order. The abjection is necessary to protect the self from harm, which Kristeva referred to as her "safeguards", and links to Lacan's view of an event disrupting the symbolic order. Expelling the unwanted aspect could allow the individual a more positive outlook, which I will explore in my answer to the third research question in the discussion.

3.11 Reflexivity

Finlay (2002) discussed how the process of reflexivity is now an established element of qualitative research that aims to add subjectivity by acknowledging that the construction of data is a "joint product of the participants, researcher and their relationship." (p. 212). In carrying out the research project, I had to be aware that I was inseparable from the inquiry (Clandinin, 2016), and my findings could not be assumed to be value-free and detached from my emotions (Given, 2008). Accepting that I could not extract myself from the participant's accounts meant that I was required to consider

my positioning throughout the research, signposting this in my work (Goodson & Sikes, 2016), in other words, taking a reflexive approach. This process allows for a more enhanced auditing and judgment of my inquiry (Denscombe, 2017), as well as helping to understand how the knowledge has been produced (Pillow, 2003).

To illustrate my positioning, I have added sections of reflexivity throughout the project with the aim of not only 'thinking out loud' for the reader but also adding additional data from my own experiences of having ADHD diagnosed in adulthood. By taking this reflexive approach, I was careful not to dominate with my account and mindful not to distract from the participant's data with excessive self-analysis and self-focus (Finlay, 2002).

3.12 Research Integrity

Proving the legitimacy of a project is more complex within a constructivist inquiry than within a positivist one, and aspects such as generalisability, validity and reliability do not apply (Denscombe, 2017; Guba & Lincoln, 1994). Polkinghorne (1988) explained that there is no formal, prescribed way of proving the legitimacy of this type of research. However, it is beneficial to detail how decisions were made and procedures carried out so that the trustworthiness of the data can be judged by the reader, which has been the aim of this chapter. The ontological lens applied to my inquiry viewed the participants as having a unique truth; each had a story to tell that would be hard to prove, disprove, replicate, or generalise. However, I needed to consider the integrity of each participant's accounts for them to be taken seriously (Lincoln & Guba, 1985); therefore, reflexive comments were valuable.

Lincoln & Guba (1985) described four aspects that can be applied to indicate how trustworthy qualitative research is: credibility, dependability, confirmability, and transferability. To achieve credibility, I considered whether my data transcription reflected what my participants said, and as mentioned, I followed Goodson (2016) by rigorously comparing the transcription to the recordings. I

considered 'member-checking' the transcriptions; however, I could not guarantee the participant's participation in the process (Goodson, 2016), and therefore I did not follow this aspect through. Miles & Huberman (1994) discussed how the researcher gains credibility by having a detailed knowledge of the subject, which I believe I have due to my ADHD.

I have provided a comprehensive description and justification of the methodology and methods to address aspects of dependability and confirmability, with the aim of providing detail so that other researchers could repeat this inquiry. As mentioned, I aimed to be reflexive throughout the investigation and analysis, where I considered my positioning and documented this in the write-up.

With transferability, my choice of a relativist ontology required the viewpoint that my participants have a unique truth, and the notion that their narrative could represent the general population of women with ADHD cannot be ascribed. Therefore, for this type of inquiry, the idea that the research can be transferable lies within the reader's interpretation, and they can take from it what relates to them. Denzin (1989, p. 26) described this as being "read through the life of the reader". In a sense, there is a triple hermeneutic within the analysis. Firstly, the interpretation and narrative construction of their life by the participant. Secondly, my interpretation of what counts as important from their story in my role as the researcher, and thirdly, the interpretation by the reader. Nair (2001, in Goodson, 2016) discussed how not only does the reader create additional knowledge, but this new knowledge initiates a cognitive dissonance in the perception of it. Additionally, for a woman with ADHD who may read the accounts (particularly one who meets the participant criteria), there is the potential to compare stories, create meaning and dissonance, and initiate a deep reflection on their own life.

Horsdal (2016, in Goodson, p. 264) discussed how the narrative interview is a construction that occurs "at a certain time, at a certain occasion, in a specific type of interaction, and from a certain perspective", which is a matter that cannot be overcome; however, within the conventions of the narrative methodology, this is acceptable. Lincoln & Guba (1985) suggested that with this type of

research, the reader is not expected to accept a narrative as the definitive truth and that trustworthiness is “always negotiable and open-ended” (p. 468) and based upon the reader’s interpretation.

Chapter 4 Stories of a Late Diagnosis of ADHD

4.1 Introduction to the Chapter

This section provides a narrative reconstruction of the participant's interview data, which I have arranged individually to recognise that each story is unique. By restorying the participant's narrative, I am a co-creator of this knowledge, and I have included a short section at the end of each account to provide reflexive comments and points from my own story of having ADHD that I consider beneficial to the reader.

4.2 Personal Reflections on the Interview Process

Before presenting the participants' stories, I have provided reflections on the interview process to give further context.

In the methodology section, I discussed how, in the interviews, I needed to be aware that my experience of having ADHD could influence the participants' narratives, and it was necessary to give them time and space to tell their stories. I went into each interview with a reminder that the first stage was solely about them, and it was important that I listened carefully and did not interrupt or direct their story. Since my diagnosis, I have realised that there are times when my listening skills can be poor, and I can lose focus or become impatient if a point is not made quickly, the subject is not of interest, or if I have already worked out what is going to be said. I have also realised that I can interrupt if I have a point I want to convey, which I find difficult to suppress. My awareness of these points meant I could try to limit their effect.

I came out of the interviews with the feeling that they were not perfect, and there were occasions when I thought that I may have interrupted or filled silences. However, upon listening to them during the transcription stage, I was better at this than expected, mostly

allowing the participants to speak without too much input. In the second part of the interviews, where I conversed with the participants about our shared experiences, I was conscious not to dominate the conversation. The participants and I benefitted from this experience. For myself, it helped me to reflect upon how ADHD impacts me, and it challenged my assumptions about how others experience it. I had only spoken to one other woman with ADHD, so this was novel. One of my participants, Sarah, told me that she had never spoken to anyone else with ADHD, and Jasmine was very positive, describing our conversation as follows: "It's just so powerful and thinking, 'Oh my goodness, that is just like how I feel!' And you must feel the same about me? I think that's just so hugely validating and empowering as well."

4.3 Emma's Story

The interview with Emma was brief in comparison to the other participants. At the start of the interview, Emma offered an apology in case she needed to get out of her seat or tap on the table. She said that she often needs to 'stim', which describes repetitive behaviours, such as tapping, humming, or playing with hair or skin, which some neurodiverse people carry out to cope with issues such as stress and anxiety by creating or reducing sensory input by focusing on one stimulus only (Attention Deficit Disorder Association, 2023). Emma described her ADHD as being more externalised with hyperactive and impulsive traits. Emma considered herself quite academic as a child, and she had read at an adult age at seven years old; however, she found school boring and not much of a challenge, indicating that she may not have had difficulties early on in her school career. Emma stated: "I found school really easy, I found school really, really easy, so I can't really say that I noticed anything particularly problematic, except I didn't like sitting still. I still don't like sitting still."

Emma also acknowledged that in addition to her issues with sitting still, she was a chatty and noisy child, with comments in her reports such as “she ‘talks too much’ and ‘is a complete chatterbox’”. Emma stated that the teachers did not attribute this behaviour to anything.

Emma’s view of her time at school changed as we spoke, going from positivity and pride to becoming more reflective, acknowledging that she could have performed better in both her GCSEs and A-levels:

I never struggled with school, but I did; it’s just that it didn’t reflect in what they classed as the grade problems because my grades were fine, if that makes sense? But to me, I was struggling because I could have done a lot better, I think, but they don’t really care about that as long as you aren’t ruining their overall grade average, they don’t really do they? Nobody ever just stopped and thought, maybe she just needs a bit of extra help with this.

Before Emma pursued a degree course, she described a job within the health profession that suited her ADHD traits.

Having ADHD is great because before I was medicated, not so much now because of my medication, my energy levels are a lot lower because it slows everything down, but before I was medicated, 12-hour shifts were like a breeze, and I would just be bouncing, just, they loved it, just worked right from the beginning, right to the end and I wouldn’t take breaks because I had so much energy, so it was great for that really.

Emma had been diagnosed with ADHD during her degree course. She noted how the transition to university was challenging, and she found the formal expectations of the lecture theatre problematic, to the point that she questioned whether she could continue:

It was only really when I started at uni, when I started my course, and literally within a few weeks, I was like, shit, I can't do this! Sitting in lectures like, bouncing; I didn't understand the assignments; I really struggled. So that was kind of what happened.

Emma's journey to realisation and diagnosis started when she resonated with something that she had read about ADHD, and she continued to educate herself about the condition.

The diagnosis came as a relief:

I kind of knew anyway; it wasn't really a big surprise; it was more of a relief, I think, because I'm more worried about, what if he says that's not what I've got? And then, I'm just kinda stuck with this brain and no help!

Emma decided to take medication for her ADHD and described both positive and negative aspects, with the positive outweighing the negative. She was particularly positive about the effects of this on her concentration and retention of information, stating that she "can retain information better; I'm able to compartmentalise, so I can put things that I learn into boxes so that I can remember it all, and writing assignments is just awesome!"

Emma spoke about how, prior to medication, she would become very distracted, blaming hyperfocus:

I would spend hours on stuff, and it's completely useless, oh, it's not useless, it's just like, I should be doing something more productive, whereas now, at least I can, I can move my attention a bit, as long as I don't get too involved. If I catch it early enough, I'm like, 'no, Emma! Stop it, stop it!'

Emma went on to mention how ADHD medication impacted her focus, stating that she hyperfocuses "on-meds and off-meds. When it's on-meds, it tends to at least be more

productive as I can manipulate my hyperfocus to something that it needs to be on, whereas before [this wasn't the case]".

Reflections on Emma's Story

Emma's story threw me a little, as I had been expecting the participants to have many examples of where their lives had been negatively impacted by ADHD, just like mine has. This negativity was not consistently the case for Emma; she painted a more positive view, particularly of her early life, although I wonder whether this could have been due to her symptoms coming on later. Her main difficulties seemed to result from more outward-facing hyperactive and impulsive behaviours and not inattention, which made me think that Emma's diagnosis is quite different to some of the other participants and my own. Emma described her ADHD as being different from other girls, which I presumed meant in relation to the stereotype that girls did not have the hyperactive/ impulsive presentation; however, she did not go into detail about this.

Emma's reflections on her academic ability were initially very positive, despite her having some behavioural concerns that her teachers picked up; however, she was not recognised as having ADHD and referred for diagnosis, even though she was more evident in presentation. Only as the interview progressed did Emma seem to think about how her academic success could have been better if she did not have ADHD.

Emma had found a successful employment experience, and she stated that this matched her physical hyperactivity, which may explain her positivity when she spoke about her ADHD. As I listened to this, I thought how lucky she was to find a career that she described as a breeze, and I found this hard to relate to. I assumed that her choice of employment had been quite fortunate, as she had found a field that valued some of the symptoms, such as constant movement, that other jobs would not, and this, in part, matched my own

experiences of teaching PE. The difference for me was that when I reflect on my teaching career in relation to the impact of ADHD, my first thoughts are that it had been great for all the physical activity that I had to do; however, some aspects of the work had caused me significant difficulties, such as with my organisation, remembering duties, and having the motivation for tasks such as marking, which I found almost impossible.

It was interesting to hear how effective the stimulant medication was for Emma, and this is similar to Dawn's account, which comes later in this chapter. I was envious of her statement that it had an "awesome" effect on her ability to write assignments, as it has not helped me. Emma's description of receiving a diagnosis of ADHD was interesting because she seemed relieved to attribute the perceived differences in her brain functioning to something concrete. This contradicted the impression that Emma gave me during the interview that ADHD was not a big issue for her, which may indicate that Emma has not spent time processing her diagnosis. I shared her concerns over whether she would receive a diagnosis of ADHD. I wondered whether she also felt an ingrained sense that someone of our age and gender could not have ADHD, particularly the hyperactive/ impulsive subtype, which I also did not think I had; however, the relief of diagnosis was also the relief at having validation for the difficulties.

4.4 Sarah's Story

At the time of the interview, it had been four years since Sarah had been diagnosed with the combined subtype of ADHD, and she added the caveat that the hyperactive/impulsive element felt internalised, rather than outwardly visible. After years of feeling different and frustrated by parts of her life that had not turned out as expected, Sarah sought diagnosis. Sarah described herself as academically able, yet she struggled with school, with issues that she now attributes to her ADHD:

Growing up as a child, I was always different, shall we say? I didn't have much attention for stuff. I was a really clever, bright child, but it was like, when you ask the monkey to perform, it wouldn't perform, if you know what I mean by that? But then, when my brain wanted to perform, it would outstrip everybody, so I was always classed as kind of like, a bit of a troublemaker; lazy, obstinate, all those sorts of things as a child. Remind me of your question again?

Sarah spoke about some of her physical behaviours, indicating that her hyperactivity and impulsivity may be more externalised than she thought and that these behaviours have persisted into adulthood. As a mature student at university, Sarah described how she felt her ADHD symptoms affected her in lectures:

Whether it's twiddling my hair or playing with my lipsil, or flicking my pen backwards and forwards and, ah, sitting in a lecture, it's literally, it's torture! It's real torture because they're uncomfortable chairs; I can't sit still in the chair because the chair's uncomfortable! There's someone talking in the back row! I'm more busy with what they're doing!

Sarah described the ongoing difficulties that she had experienced with holding down a job, which she attributed to symptoms of her ADHD:

In my 20s, that became a problem [getting bored of a job] because I couldn't, I couldn't hold a job down, and also, having to work for somebody always grated on me because I have that sense of fairness that goes with ADHD, and if something wasn't fair, I'd always open my mouth and say something, which of course then labels me as a bit of a trouble-maker and, 'you don't want her working with you' and all that sort of stuff! So, you know, that, that's been a big problem.

Sarah eventually discovered that she had the ability to be entrepreneurial and experienced success in running several businesses:

I'm very entrepreneurial. So, I'm brilliant at getting businesses up and started and running and making money and being productive. It's a big positive because I know that I can pretty much take any project and turn it into a success.

Although this sounds very positive, Sarah described becoming bored with what she was working on, which then led her to be unable to continue effectively:

But then I get bored, and I have to move on to something else. So, it's a case of, I'm really good at doing those things, but now with my [existing] business, because I've done it, I'm bored, and because I'm bored, I've lost interest, which means that my business has gone downhill.

The entrepreneurial aspect of Sarah's working life meant that she was often self-employed, which she said suited her because she could be herself and was not judged negatively by others. Sarah described her difficulties when working with others:

I don't work for people, and I don't ever want to work for people ever again; like I've had to do a work placement for my degree, it's been an emotional nightmare because I'm anxious, I don't know how to behave; I can't be myself because if I'm myself, people take me the wrong way.

The turning point for Sarah was during the first year of her studies as a mature student when she went for an educational assessment for dyslexia and was referred to additional testing for ADHD. With the news that she may have ADHD, Sarah began educating herself and reflecting on her life. As she did this, she began to question her self-image:

As I was doing my research about it, I was kind of like, 'Oh! My, that's me! Oh! That's why that happens! Oh! It's not because I'm lazy! Oh, Oh! Actually, I can read! It's just that I don't have the attention to read!

Sarah was frustrated with the referral process, describing how she had been diagnosed with depression and was not taken seriously. Sarah's diagnosis came with the opportunity to try ADHD medication, and she settled on Medikinet, which she stated had "changed my life". Prior to taking the medication, Sarah noted that she was very forgetful and prone to losing her possessions, which she described as not being so much of a problem now. However, the medication did not fix everything, and she described having to use coping strategies, such as trying to have everything in her home hyper-organised and using phone reminders.

Upon receiving the diagnosis of ADHD, Sarah reflected upon her life, particularly her relationships, and she spoke of having been in abusive ones. In Sarah's view, the ADHD diagnosis and subsequent prescription of medication meant that she started to take a different view of her relationship at the time, and this led to it ending:

Not knowing that I had ADHD and then getting diagnosed with ADHD when I was still married to him and starting on medication, there was like a lightbulb that went off in my head that said, "you have been with this person for ten years, and actually you've been in a very emotionally abusive relationship." And it wasn't until I started medication did I actually spot it.

Although Sarah accepted that she would have been very unlikely to have gained a diagnosis in the 1980s when she was a child, she did experience sadness about how ADHD had impacted her life:

I wish that I had been diagnosed as a child because I think that it would have avoided a lot of heartache, you know, it would have helped me to hold a job down, it would have maybe. I came out of school with no GCSEs at all.

Sarah also said that the years of undiagnosed ADHD had had a profound impact on how she viewed herself:

For the majority of my life, people have told me that I'm lazy, that I'm good for nothing, that I only do things when I want to do it, that I'm selfish, so that's produced a lot of shame, and that shame, when people look at me, that's what I feel, I feel ashamed.

As a parent of a child who may have ADHD, Sarah considered that the attitudes towards ADHD in schools were still quite negative, and she was amazed that some teachers are still unaware of or dismiss the condition:

I've come across lots of teachers, you know, especially at my kids' school, and I find myself having to sit down with them and explain to them what executive functions are because they don't even know what executive functions are! And it's like unbelievable, it really is unbelievable, because they are teachers! I say to them, 'Executive functions are one of the most important things; it's what runs your brain and what you do!' Have an understanding that would help you with not just teaching children with ADHD, but with teaching all children!

Reflections on Sarah's Story

The interview with Sarah was very thought-provoking. I saw many similarities between her story and my own; for example, how we described our diagnoses, our academic struggles, and how we found it challenging to maintain interest in some of our jobs. I found Sarah's

description of her entrepreneurialism very interesting, and it matched some of the literature I had found on the positives of ADHD. However, I was not surprised to hear she had become bored of her business after experiencing success. Even though Sarah considered herself a good entrepreneur, other traits of ADHD seemed to interfere with this, such as motivation. I wondered whether Sarah was naturally entrepreneurial rather than it being due to her ADHD, and this was based on my own experiences struggling to get started or finish tasks. I thought that my tendency to procrastinate would affect what sort of venture I would choose to run, as I tend not to be able to pin anything down. Like Sarah described, I would be worried that I would lose interest, and for me, I would probably lose a lot of money in the process.

I got the impression that Sarah's diagnosis had caused quite a mixture of emotions for her, ranging from the original shock of diagnosis to relief that there was an explanation for her difficulties and a palpable sense of sadness when she described how the delay in diagnosis had impacted significant aspects of her life. Whilst I went through my own stages of grief in realising my diagnosis, I consider myself to be highly resilient because of the lack of one, and from talking to Sarah, I believe that her experiences have also led to a high level of resilience.

As a teacher, I was very interested to hear about the frustrations that Sarah has experienced with her daughter's school and their understanding and willingness to make adjustments for her ADHD. Through my experience working in schools for over 15 years, I agreed with Sarah on the lack of knowledge about ADHD and executive functioning in schools. I got the impression that Sarah had spent many hours researching these areas, just as I had, and she seemed keen to help the school move on with their understanding and knowledge, which I believe also helped her accept her own ADHD.

4.5 Kate's Story

Kate started to think that she may have ADHD after relating to information in a post on Facebook that she had read. Kate described the excitement as she identified with the symptoms:

This is me! Like, you know, reading it and thinking that you just identify so much with it, and then I kind of put it on the back burner for a bit, and then bought a book, 'Women with ADHD' or something, and just was like gob-smacked, and I thought right, I've just got to take this further, and I did and I got seen quite soon, I think it was only three months to get an appointment, so that was amazing.

Compared to other participants, Kate was fortunate to have been seen so quickly by the NHS ADHD service, as others had waited over a year. Although the diagnosis of ADHD was not unexpected, Kate thought that she probably had the inattentive subtype and was surprised when she was diagnosed with a combination of this and hyperactivity/ impulsivity:

It's high on inattentive but higher than I would have expected on the other one; what is it? Hyperactivity? So yeah, I wouldn't have said I was hyperactive, ever, but yeah, it came up really high on the scale when I got assessed.

The impact of receiving a diagnosis was a huge relief, and Kate described it as "freeing", which led to reflection and reframing of her life based upon this new lens. Part of this process was to question who she was and critique the perceptions that she felt others had of her:

It was just like a massive revelation, and it just made me realise, like, so much negative stuff that had been said to me, and that I had said to myself, and that I'd

accepted, suddenly, was like; I could just cast it all off, so I just felt like, free of it all, and I guess it meant that I could suddenly regard it as, you know, anybody giving me grief about my behaviour or things that were caused by the ADHD, suddenly I could say "Well no, I'm not actually just crap at everything, because there's a reason!"

Kate spoke about the sadness that she feels having gone without a diagnosis for so long and considers ADHD to have impacted every aspect of her life, describing it as an obstacle that gets in the way of everything. At school, Kate's teachers viewed her as bright and with academic potential, but as the years progressed, the symptoms of her ADHD became more problematic, impacting her work. Kate struggled with university, describing how she could not manage when others seemed to be able to, which had a subsequent effect on her career choice:

I went to university when I was 18, without any sort of real skills in the world, because I couldn't function with other people my own age or thought I couldn't! So, then I ended up, the thing I was very good at was history, so I went to university and did two years there. As soon as I started, I just couldn't cope with it at all, so I started missing lectures, and then kind of got, kind of kicked out almost, because I just got to the point where I was hiding in my bedroom and couldn't even go out of the house in case I was spotted and because I didn't think of myself as being depressed, or having anything that would cause this behaviour; I just took it on the chin and thought, "that's it mate, that's the end of your history degree". So, and I didn't approach the university for any help because I didn't think there was anything to say, so yeah, that was my vocation; that was my absolute thing that I would now be, like an archaeologist, living abroad, and it just all, kind of fell by the wayside, because of these struggles.

Later, Kate experienced difficulties in the workplace that led to a mental health illness. Upon gaining the diagnosis of ADHD, Kate was able to make sense of some of these issues, such as a time when she had been bullied at work:

I knew I was being bullied. I guess I thought that it was reasonable; I'd always thought it was, you know, I should be taking all this criticism on board, and I really was rubbish, and then I realised that "oh, I'm not rubbish!", so, it just, yeah, it just really freed me, and I just became really powerful.

Since her diagnosis, Kate stated that she has changed what she describes as an ingrained sense of being "crap at everything" and that she feels positive and hopeful about how a change of mindset will allow her to become more effective and ultimately succeed in a new workplace. Before her career change, Kate had spent time being a full-time mother to her children, and she spoke about not managing well, which she attributed to her ADHD and a prolonged period of post-natal depression. Her marriage had also fallen apart at the point at which Kate was starting to realise that she had ADHD:

I wasn't doing any stuff round the house, and then that impacted on my marriage, and then, really, I mean interestingly, happens to a lot of people, that when they discover they have got ADHD, it does lead to relationship breakdown, because just when I was rising up in my awareness, all of a sudden, that was when I just decided to stop taking any nonsense, so, you know, instead of blaming myself and taking it all in, I thought there is a reason for this, so, don't give me any of that, and now, here I am!

Kate acknowledged that not everything was negative about having ADHD and that one of the more positive aspects was her intense interest and focus, stating that:

I love the level of interest that you can have in something. The kind of like tiny, tiny detail that you can go into. The amount that you can zoom in on something. So, it can give you really gorgeous, life-long things that you are really into. And also, in terms of finding, I guess, the thing that I wanted to do, like the archaeology, because I got so, like, so obsessively interested in it that it made me really push myself to learn a lot about it and really focus on that subject. So, that has helped me in that way as well. Just given me intense interest in some really gorgeous things that other people might not be that interested in. So that, I think it's important to have people in the world who are just crazy about something.

Reflections on Kate's Story

My interpretation of Kate's story was that she had benefitted from the increased awareness of females with ADHD in the media. Kate was also fortunate to have gained her diagnosis quickly, based on the 34% of people who have waited 1 - 3 years for an assessment (House of Commons Library, 2023). I was lucky in my initial screening at the university where I worked at the time; however, I had to wait a year for my medical diagnosis.

I can relate to Kate's surprise at the hyperactivity aspect of the diagnosis, and this may be because, like me, she presumed that hyperactivity is only a physical presentation and not a cognitive one, i.e., a hyperactive mind. Like Emma, Kate's knowledge about the hyperactive/impulsive subtype may be due to the ingrained belief that ADHD is a condition of naughty boys. This is certainly the belief that I had been instilled with. The impact of Kate receiving a diagnosis was clearly a huge relief, and she could look at her life differently. Kate's description of her ADHD affecting every aspect of her life makes me think that the lack of diagnosis has had a significant impact, and I would hope that Kate's new knowledge will help her going forward, like it has with me. It was difficult to hear that Kate had experienced failure in school, and I felt fortunate to have been taken to extra revision classes; otherwise, in relation to my A-levels, I would have been in a similar position to Kate. My interpretation of

Kate's university experience was that it was a shame that the lack of awareness of ADHD impacted Kate's dream of becoming an archaeologist. Had she known earlier, she might have gained the help and support to achieve this.

Kate's narrative contained many negative aspects of ADHD, including relationship breakdowns, struggles with the expectations of being a mother, comorbidities such as depression, struggles with academic work as a teenager and young adult, and struggles with finding a suitable career. Like several participants, she developed a life-changing attitude upon diagnosis, allowing her to reframe her experiences. I sensed positivity from Kate, which resonated with my own, as she could now attribute her difficulties to an actual condition. Kate did find some positives within her ADHD, unlike some of the other participants. Kate spoke about her obsession with a career in archaeology, and I wondered if this could be due to autistic traits rather than ADHD. From my perspective, I have very intense interests; however, these do not last long, which I attribute to what I have read about ADHD. Based upon her description of her life post-diagnosis, I felt very positive for Kate but wonder what her life would have been like had she received a diagnosis earlier on. Kate described how a diagnosis had given her a newfound sense of power and agency that helped make her most recent career move and that she is now unafraid to bring up her ADHD diagnosis in the workplace to access support. My interpretation was that Kate's increasing reflections and knowledge of her ADHD has seemed to have significantly benefitted her.

4.6 Dawn's Story

Dawn described her ADHD as the combined subtype, which she described as having played a significant role in her life, stating: "It's me. It's part of the bit inside that makes, that frames everything, I suppose."

In our interview, Dawn disclosed that she might also have Dyspraxia and spoke about her significant mental health issues, which she seemed to blame on her ADHD. Dawn found it difficult to identify her ADHD characteristics from her true self, stating: "I'm kind of working it out. What's me? What's ADHD? What's other stuff?".

Dawn described how ADHD impacted her, stating that her brain whizzes around with ideas and that she struggles to get everything to calm down for long enough to get hold of them, which would fit with the hyperactive element of her diagnosis. As a child, Dawn described herself as a whirlwind and found school a struggle, referring somewhat jokingly to being "illiterate". Dawn described how she was a constant frustration for her teachers:

I just frustrated people; I just frustrated teachers constantly. I was the most unmotivatable child my teacher had ever taught; she told my parents on her retirement year! And I just kind of, I suppose it was honest, and I think she was frustrated by me, which I understand; I was constantly frustrated by myself!

At secondary school, a strategy that helped Dawn to complete her work was being put on a monitoring report, which she spoke of very positively:

The only time I did well at school was, I was put on report, where you had to have your behaviour assessed at the end of every lesson and a report made. Your homework was written out; you went home; you had to do the homework that was written out, your parents signed it, you came back. I did brilliantly! However long it was, I loved it; I asked, "Could I stay on report for longer?" They said, "No, you have to just kind of"; I won some second form progress prize. I did so brilliantly during that time, and then just, and then it was just a shitstorm. I remember vividly.

The frustration with the school continued into her GCSEs, and she described her place within the structure of the school:

I just couldn't work out what I needed to do. I think the way that the education system is structured, I didn't know what they wanted from me, so I couldn't work it out, even then my best friend and I, we decided we, when we grew up, we were going to open a new school, and we were going to teach children differently and, because we already hated the whole school system and the rigid; and my school was very much about, achievement and being great at everything, and I wasn't.

Despite this, Dawn came out with eight A–C grades, which surprised her as she had not carried out any study, stating that she did not know how. The sense of not knowing what was expected of her continued into the sixth form, where she described how she had not handed in work for the duration of the course and had lost interest. Upon returning to further education as a mature student, Dawn managed to do very well, although acknowledged that this was not without certain conditions: "I got a solid 80% because once I worked out what I needed to do, I can do it, but I have no idea what people want, and I need an example of it first."

Dawn told me she had had several different careers, and the ones she discussed seemed successful. Dawn described how one of her careers in healthcare fitted very well with the symptoms of her ADHD:

It was the perfect job, and actually, now there is an awful lot of people in the job with ADHD because it's, the structure is, it's really structured, but you have little pockets of freedom, in that, it's a regimented service, in that you, particularly at the time, anyway, it was; these are your protocols if a, you do b, and that's fine, and that's, I mean, it's easy; if they're bleeding, stop it; if they're not breathing, breathe for them, it

sounds really, I don't know if you know anything medically? But essentially, it's the perfect job because you have this structure, in that you arrive at this time, you do a certain set of tasks, which have to be done; if you don't do them, there are obvious, absolute consequences; if you don't check your kit, you will, you will not have something you need, so there's enough of that, and then you go out to little problems, and they're discrete problems, you solve that problem, and you call back in; you get another problem to solve. There's nothing overhanging, and it's fun, and you have to be able to do that. The difficult bit isn't the blood pissing out of somebody; it's the, I mean, that's not difficult; the difficult bit is how do you manage the rest of the situation and all that kind of fun, and the dealing with people, but nothing lasts long, and also you have some people to rebel against as well, which I think fits in quite nicely with ADHD, as it kind of; you've got control of what to do, you're playing your own games, and it's fun, and it's social.

Dawn's perception was that the symptoms of her ADHD, such as requiring imaginative problem-solving, positively impacted her work. She also considered that her ability to turn her focus intently towards one aspect (hyperfocus) was a very beneficial strength that enabled her to do her job well:

That channelling out that is brilliant sometimes because I can channel out, which is great for concentration on occasion, and certainly, this job; brilliant! Bedlam going on, and I was quite calm in my happy little world, dealing with my patient while Armageddon happened!

Dawn explained that based on her earlier experiences, some of the behaviours that she linked to her ADHD were not suited to an office environment. This was particularly apparent when she had to work in close proximity to other people in an office, and Dawn realised that she could be hard to work with:

I know that I'm irritating and I'm, I annoy a lot of people. I shared an office with eight people at one point and had no idea of how annoying I was, but you know, I fidget, I'm noisy, I'm silly, all those stuff of playing stupid games a lot, which is fun and distracting and interesting

In another of her jobs, Dawn described how a member of the administration staff had helped her to structure her day, which had a very positive impact on her work. Dawn explained that:

I had a receptionist, and oh my goodness, she was brilliant! She organised my life, and it was awesome! And you know, you look back on these moments when I had Christine, she was brilliant! I just need a PA, but yeah, give me some structure, and I'll go.

The importance of structure to Dawn was apparent in other areas of her life. She spoke of a family member who had been a particularly stabilising force for her, imposing rigid routines at home, and this had helped with Dawn's organisation. Dawn described her as an anchor in her life, and when she died, she spoke with pain, not just for the loss of a loved one, but also as someone whom Dawn had needed to keep her focussed and organised in her day-to-day life. Dawn spoke about this having a devastating impact: "I lost all my structure and all my foundation. Because I need structure".

Dawn realised that she may have ADHD after a consultation about her mental health diagnosis at her doctor's surgery. At this point, in her early 40s, Dawn had started to think that something else could help explain her difficulties. Dawn described her frustration at not being taken seriously:

How I worked it out was going to the, the GP practice nurse, who kind of was just not listening and saying, "Oh, this is what's happening", and "they've diagnosed anxiety and stuff", which is reasonable, but they are telling you what's going on and this is what's happening and like, well you haven't actually asked, you are just telling me all this, and this got me quite cross, so I went down and wrote, this is what, this is why I'm getting nothing done in a day, and I'm saying, it's been months of not achieving anything, so I wrote out what I did in a morning and, uh, I've lost the bit of paper since, but basically, I decided I wanted to clean something off the porch of my front-door, it's got what looks like paint splatters on, and basically I had to fill two pages of A4 of the first hour of my day, of all the millions of things I did to try to get to that, and it was only when I read it back, "yeah, I think I know what that is!" And you know, I think I'd probably seen some videos about adult ADHD, and I hadn't, and then sort of watched some, read some and thought, "oh my goodness!" then had a fight with going to the doctors and he said, "I don't think so, I don't think that's what it is".

Dawn finally received confirmation of her ADHD by paying for a private assessment, which I interpreted as a positive experience; however, there was sadness in her reflection:

There is a grieving process, isn't there? With all of this, with all the what might've been? And it's hard not to get lost in that because, of course, it is a hopeless thing. You end up reframing so much of your life.

Reflections on Dawn's Story

Dawn's ADHD diagnosis was for the combined subtype, and she was the participant I considered to show the most apparent, outgoing presentation of ADHD, with behaviours such as fidgeting, getting out of her seat, and talking in long, excited streams of words, often going off-topic. When transcribing Dawn's story, I could go for long sections without using full stops or breaking for a new paragraph, which was different from the other participants. Of

course, this could have been due to her comorbid anxiety or the stress of having a stranger coming into her home to interview her on a potentially challenging, emotional area of her life, which it turned out to be. However, my interpretation was that this was not the case, and as we became more comfortable in each other's company, Dawn's hyperactive behaviours did not change.

I felt that Dawn had spent time reflecting upon her diagnosis and made more in-depth connections than some of the other participants, even though she had only recently been diagnosed. Later in the interview, I realised that this need for further information could be attributed to the significant difficulties that Dawn had faced due to her ADHD symptoms. She also needed to educate herself to positively move on with her life.

Dawn had difficulty focusing on her work at school, and she stated that she made lower-than-expected progress. This was unfortunate because she came across as highly intelligent and well-informed about ADHD and in many other areas we discussed, such as current affairs.

When speaking about being placed on report, Dawn was passionate that this was one strategy that worked, and I sensed that it had been a valuable tool for her. She had been very disappointed when she had to come off it, stating that her work had gone downhill. The fact that Dawn's behaviour or work output was such that she was placed on this intervention indicated that the school were aware of her issues; however, they either did not know what could be behind Dawn's behaviours or were not inclined to investigate further. Dawn described being on the report as giving her structure, and she seemed disappointed that she was not allowed to stay on it for a more extended period. In my teaching experience, being on a report was viewed as a negative consequence of poor behaviour, and it could be met with disapproval when presented at the end of a lesson.

Dawn's description of her experience in FE and the need for an exemplar assessment was the same as what I require, and like Dawn, I also need clarification on what is expected and what the finished work should look like. I had difficulties at university and teacher training college because of this. Even now, in my forties, I have read many theses to help structure a vision of what is required for this project. If Dawn's experience is like mine, then we find it difficult to visualise and pin down our own version until we have an exemplar that helps anchor our thoughts.

In her work, Dawn seemed very aware of her strengths and limitations and was quite self-deprecating when she discussed this aspect of her life. She was extremely positive about her healthcare career and recognised her effectiveness, attributing this to its tight structure and problem-solving nature. Dawn spoke about the fun she had whilst in this workplace, and it was a great shame when she added that she had burned out and had to leave. My story is similar in that I had a lot of fun and enjoyed the problem-solving aspect of my teaching job. However, I got the impression that after her job in healthcare, Dawn's jobs were not as successful or enjoyable. When working in an office environment, Dawn stated that she had missed the acceptance and normalisation of her behaviours (fidgety, noisy, silly) that she had in previous jobs and that some of her attributes were not suited to office work, particularly as she now realises what she is like to work with. In addition, Dawn recognised that any job she does needs to have strict structure and stability, much like her description of being on report whilst at school. I related to Dawn here, as I have always needed a highly structured, physically active job that allows for creativity and initiative.

Dawn's description of her journey to diagnosis and not being taken seriously seems to reflect the history of ADHD being missed in adults and women; however, for my diagnosis, I was referred immediately upon my request, which may demonstrate the variation in knowledge and understanding of the condition amongst medical professionals.

The discussion of Dawn's diagnosis was very interesting, and she referred to a "grieving process" where she has spent time reframing aspects of her life. My interpretation was that even though Dawn was very well-informed about ADHD, she had not gone through all stages of the grieving process, which was evident as she spoke with sadness about her life and the diagnosis. I felt that this was linked to going undiagnosed for such a long time and that it was similar to the five stages in the Kübler-Ross model (1969). It was positive to hear Dawn describing her trials of ADHD medication as "phenomenal", although sad to hear her reflect upon how her childhood may have been different had she had this medication earlier. However, it is unfortunate that Dawn's ADHD symptoms make it difficult for her to remember, collect and take her ADHD prescription, which are the same issues I have with my medications.

4.7 Michelle's Story

Michelle had been diagnosed with ADHD two years prior to the interview, when she was in her early 40s, and described how her ADHD was more inattentive and impulsive rather than hyperactive.

As a young child, Michelle did not think that there were apparent indicators of her having ADHD, and she spoke about how she was quiet and studious at primary school and viewed as one of the brighter members of the class by her teachers. In secondary school, this changed, and although she managed to do well in her assessments, Michelle noted that she had struggled with organisation, which was particularly apparent with meeting deadlines. She also found it difficult to envision where she was heading and what she needed to do to get there.

I think it wasn't until senior school, really, when maybe something started to show, and even then, I still managed to get through my GCSEs and did actually pretty well,

but I struggled to do the work in an organised way, like I would, even at GCSE level, I was pulling all-nighters, because I had left things until the last minute. Putting myself under unnecessary stress, really, if I look back on it, I found it difficult to be organised during my teenage years; I think things definitely started to turn for the worse then, and then similarly with A-levels. So, I would say, post-GCSE, I was struggling to really meet my potential because of the disorganisation and the sort of struggling with prioritising and maybe not having seen the bigger picture; well, I need to do this work even if I am finding it boring, to get onto the next level, to go off to university.

Michelle managed to gain a place at university; however, she found the lack of structure and increase in independence caused her problems, and she experienced difficulties motivating herself to complete work, which she now attributes to her ADHD.

I think university was quite a difficult time for me, really; some of it was fun, you know, I had a sociable time, but I definitely struggled with having to self-motivate. It wasn't the kind of course where you had a full week with lessons every week; it was just a few, something ridiculous like nine hours. So, it really was down to the self-discipline of going and attending things, and I wasn't, my attendance was dreadful, really. And doing the work as well, you know. So, I had to, I had to come back in my first summer and retake some exams, and amazingly, I got through and then went into my second year. But my second year was the year when I was meant to do some, kind of like, dissertation, and I remember not even being able to, to know what dissertation I wanted to do. I'd left it right to the last minute to have to decide what to do, so I literally pulled something out of the air, like the title of the dissertation and what I should do, and really, there is no way I could have written a dissertation about that because it wasn't even something that I was interested in! I just produced a title because I had to, because I had no title! And I never wrote it! I was like literally, you know, meant to have written something about 9000 words, and I still hadn't written

very much the day before it was due in. So, what I had to do, essentially that year, was I had to, kind of like, drop out.

Michelle considered that she had probably underachieved in her degree and was probably not mature enough, made poor choices, and left her academic work until the last minute. However, Michelle was proud of how she had coped, especially when having to take a year out from her studies and, ultimately, that she had gained a degree at all. Michelle spoke about the struggle that she had had with the dissertation module in her final year, as she could not work out what was required of her, and when she did, it was a case of too little, too late:

I was kind of like, kind of reckless sometimes in behaviour, like in, you know, going out and getting drunk and spending too much money or just not managing myself very well, really, and you know, boys, and stuff like that, you know, just, I think, I just, I look back now, now that I've got some knowledge about ADHD and about like, you know, maturity levels and like grey matter and executive functioning, that kind of stuff, because my son has ADHD as well, and other things, my children have got ASD, yeah, I look back, and I just think, I wasn't very mature, I wasn't, you know, I didn't really have a big sense of responsibility, or like learning from experiences, kind of like, you know, muddled my way through university and it is a miracle that I kind of survived it really. And I just, some of it I found quite distressing because I would have fallouts and things because, obviously, my behaviour impacted other people.

Michelle found out that one of her housemates at university had described her as selfish and untidy, which could be attributed to anyone; however, since one of her children has been diagnosed, Michelle now attributes examples such as this to symptoms of her ADHD:

“She's just so selfish, and she never does; she never cleans the room.” obviously, she was frustrated with me, and I remember being really upset by it. I look back now, and I think, you know, yeah, there was certainly no feelings of, like, I'm going to let Jane do all the cleaning; I just didn't think of it; it didn't occur to me it was just like, you know, she obviously, was mature enough to know that you go somewhere, you stay in a room, you have to keep it clean, and you have to be organised and get yourself to your shift or whatever, whereas, I just wasn't in that space.

After leaving university, Michelle spoke about having had several well-paid jobs; however, these did not last long, and she described how there was always a point where she lost interest, making her work very difficult to complete and her position untenable:

I couldn't really settle, couldn't, couldn't do stuff that I found really boring. I remember doing one contract, a piece of contract work, and it was taking ages to get going, and I remember saying to this other girl who was contracting as well, "Oh, this is so boring! I don't think I can do this!" and she is like, "Oh, can you not just ride it through for a bit? I know it's boring, I'm finding it the same, you know, we'll get going soon with this project", and I was like, "No, I can't!". So, I don't think I was necessarily finding it; it wasn't a boring project, it was just that I couldn't tolerate it, and I couldn't, you know, and it just started to get worse really, with me not being able to, kind of, settle in work.

Michelle shared one example of how she had studied for a vocational course but had left halfway through, describing herself as "floating around, thinking, what am I meant to be doing here?".

So, it didn't work out, and again, it was just, you know, something else that I started but didn't finish, although I was told, "you know, we'll turn it into a two-year course for

you, Michelle, you know, you are really good, and we want to keep you on", but like, I was like, "no, I'm done with this now."

Michelle had been doing well at another workplace, but after a while, she had become bored and complacent, which ultimately led to a confrontation with her boss and yet another change of career:

At times, perhaps in work, like, if I have been distracted and say if my boss was speaking to me and I'd had a pretty good run at this one place of work, they liked me and thought I was proactive and doing my job well, but then I think I got to a stage of complacency, where I was just getting really bored, and I think I was just distracted and ended up having too many messenger conversations with friends, and stuff like that, and I remember my boss saying to me, "Michelle, is there a reason why, you know, you are not working as hard?". So, I can look back and piece it all together, really.

Michelle spoke about difficulties organising household administration, such as bills, which she attributes to her ADHD. She spoke about the unexpected relief when her partner started to help her to organise herself and joked that it was a bit of a strategy to be in a relationship with someone who would remind her to do things. Michelle described how her husband was always a step ahead in his organisation, whereas she found this impossible:

So, my partner at the time would buy me a folder and say, "Right, and I think you need to organise your life a little bit, Michelle!". In those early days, he was definitely like someone who was, who was teaching me to be a bit of a grown-up!

Michelle's lack of organisation meant that she was often misplacing items, such as her keys; however, based on her age, she linked this to symptoms of perimenopause:

I'm constantly looking for things like keys, glasses, anything, you know. I am at that age now, 45, so I suspect some of that could be, you know, like perimenopausal fog, but you know, definitely, I'm always looking for stuff.

The realisation that she may have ADHD came after reading an article on the internet that led her to seek information and further understand the condition. Although she had identified some of the symptoms, she did not connect with the hyperactive behaviours:

And I just started to read all this stuff about how perhaps girls present with ADHD because I just thought that you would definitely show signs of being like hyperactive, like climbing the walls, like you know, totally off the scale like, running out the door, wanting to party all the time, or whatever! And actually, when I started to read it, I recognised a lot, a lot in myself really, and a lot of feelings of, you know, not having achieved what I could've done, because of like the, the struggles with organisation, and procrastination.

Michelle's life-changing moment came when she realised that there was a reason for some of the difficulties that she had faced in life, and this came as a huge relief:

But I never considered it; I think I had a lot of my life thinking, "I am just half soaked", or "lazy", or, you know, or like, "not motivated", and I think some of that has been reinforced by things that perhaps sometimes people have said to me, like, especially as a teenager, I can remember my mum saying to me, "oh you are half soaked you are! Ah, come on!" you know? Well, I guess parents say what they see, don't they sometimes?

Michelle spoke about gaining a diagnosis:

I suppose, relieved, I mean it doesn't take away, it doesn't take away the fact that, you know, wouldn't it be nice maybe if I'd have had some support, or had some insight, or had something that I maybe could have, could have found my way. But it's good to know that there is a reason for it. Like I do feel relieved, and I think there's more to me, there's more to me as well!

Reflecting on her life, Michelle seemed aware of how ADHD had limited some of her choices and felt there were areas of her brain that she could not access or harness despite how hard she tried:

And I have got bits and pieces written down, but it's just, somehow, I just find it impossible to, kind of, do it in a way that's like really, really organised. I don't know whether that's a trait. I feel like I just kind of keep, you know, returning to type almost, you know? Like, sort of, try, and I probably am doing better than I would've done a few years ago.

The diagnosis came with the opportunity to try out stimulant medication for ADHD, which made her feel "less like a headless chicken!" although remembering to take the tablets at intervals during the day was difficult.

Reflections on Michelle's Story

Like Dawn, Michelle provided a long narrative that was structured, and she did not wander off-topic as some of the other participants did. I thought Michelle had spent time reflecting upon how ADHD had impacted the stages of her life, like I had. Michelle's description of motherhood was positive and gave me the sense that she was surprised by how good she was at it, although she found that some of her ADHD symptoms made aspects of it

challenging. Overall, Michelle gave me the impression that she managed well and sounded confident when discussing looking after her children. Based on what Michelle said about needing a partner to help her organise her life, it is possible that they help her manage her symptoms in this role. Although I am not a mother, I recognise the positive impact of having a supportive partner on my organisation and their role in anchoring some of my symptoms, such as impulsivity. When I have been single, I have been quite chaotic.

Although Michelle spoke negatively about her work history, my interpretation was that before she became bored with the job, she had made a success of each of them before moving on. I thought this may be because she had not yet found a career with enough variety and challenge; however, she had tried jobs in different fields. Michelle described the "dull stuff" getting in the way, which I recognised in myself. Michelle's description of her failure to complete the vocational course was interesting, as it was clear that she had performed very well, and the workplace would have gone out of its way to keep her. I was impressed that Michelle knew herself well enough to decide that she would have to move on. The jobs I did before my teaching career affected me in a similar way, and I, like Michelle, would get to a point where I could not continue if I were bored, and I would have to leave. I went through numerous jobs as a student, and I could not hold any of them down.

It was interesting to hear Michelle discuss how some of her ADHD symptoms resemble those present in perimenopause, such as brain fog. In my experience, I understand Michelle's thoughts on this, and I am convinced that being in perimenopause has made my ADHD symptoms worse.

When Michelle spoke about the realisation that she has ADHD, she spoke about it with a mixture of sadness and relief: sadness at not being diagnosed earlier because of the struggle with organisation, procrastination, and academic achievements, yet relief that the

sense that she was lazy or unmotivated could be attributed. The feelings that Michelle was conveying matched my own.

Looking towards the future, Michelle seemed optimistic, particularly about how the medication has impacted her productivity and organisation. I felt pleased for her but disappointed that they did not have the same effect on me. Although I have a medication that helps with my symptoms, I wondered what it would be like to have a solution like Michelle described.

4.8 Jasmine's Story

Jasmine was diagnosed with ADHD a year before the interview, at 52, and was surprised that her results were high in every area of the test, including hyperactivity. When she was younger, Jasmine stated that she was lively, although she attributed this to being the middle child. In school, Jasmine had struggled with her work, providing the following example of the impact of her ADHD:

I was just a nightmare! I was just a nightmare! I couldn't settle at anything; I couldn't. I wasn't interested. I couldn't follow instructions. I didn't know that that's what it was, but examples would be things like in woodwork or needlework; as an example, everyone else, by the end of the ten weeks, had finished making something beautiful, whatever it was, woodwork or, you know, made a pencil case or something in needlework, and I had done nothing because I couldn't follow the instructions, so I messed around instead to actually cover up the fact that I couldn't work out what to do.

Jasmine described herself as clever but was often behind due to her lack of interest or understanding of the work. In her teenage years, she stated that she found herself searching

for belonging and that she was reckless, impulsive, and had no inhibitions, particularly when it came to relationships:

I was just desperate to fit in! And boys older than me started to get quite interested in me, and I had no inhibitions, so I became sexually active from far too young an age because I was desperate to be loved. And I never thought things through. I was obviously quite impulsive, so, sort of, life was just really, really difficult because I spent a lot of my time feeling scared because I was worried I was going to get caught out. I don't remember learning anything at school, and really until the last two years of senior school, when I pulled my socks up, something just must have registered, and I was like, "Ah, I need to start work now!". I was clever, but I was really, really behind, so I worked my socks off and ended up getting eight O-levels!

The same attitude towards relationships continued into adulthood, and she described these as disastrous:

If somebody came along and said they loved me, that was great! I wouldn't think about, do I love them? Oh, yeah, I like them a bit; that's fine, we'll try and make it work, and I've been in disastrous, disastrous relationships.

Jasmine's feelings towards her working life were similar, and she spoke about not being able to hold down jobs:

Lots of disastrous jobs because I just couldn't follow instructions. I used to be really good at some of the jobs that I did once I'd grasped what I needed to do, but if things then went wrong and it was, you know, maybe I was a bit impulsive, maybe I'd leave because I got bored and move on to something else, and then, if I was at a point when I was in crisis, which quite often I was, at real high states of anxiety, I couldn't

follow instructions, so I would try a new job, and they'd be at the beginning in the new office, telling me everything that needed to be done; I just could not work out what to do! And I thought, 'I'm clever, I'm intelligent, but I can't follow these instructions!'. So, then I would just leave because I felt so bad about myself, so I was always in a position where really, I was quite reliant on needing (it sounds awful!) to be in a relationship because actually, I couldn't cope financially on my own, I just wasn't making a success of anything really.

Jasmine entered university as a mature student and described finding a new sense of self:

When I got to university, the most wonderful thing happened; I found out that people liked me. It was like a revelation. I found out that I was a feminist; I didn't know that! It was like, "Whoa, all these ideas I've got!" and I found out that I have got all these ideas in my head! And people like me, and people didn't know about my past; they didn't know anything about me! They just met me, and they like me, and I was like, "Woah! Starting to get a bit of self-esteem here!" and that was like the, I'd say, the turning point, if you like, of finding me! That, I actually like me! But, obviously, at the time, I still didn't know that I had ADHD.

Even with this newfound sense of self, Jasmine admitted that she struggled with academic work; however, she surprised herself when she achieved a good degree:

My brain is like, as soon as it sees words, it seems to just like, switch off; I can't read all that! So, at university, I would be given handouts of all this really, really boring stuff, and I got through by skim-reading most of it. I very, very rarely read a whole book or a whole handout because I couldn't process it. I'd have to sort of skim it and pick out the most important bits, and I would have to spend, to get the grades that I got, I'd probably have to spend double the time that everyone else did on studying. I

studied so hard; I just used to spend all my time in the libraries, books everywhere and notes everywhere, you know, I wasn't particularly organised! But, you know, I did really, really well! It was like, "Woah!"

After completing university, Jasmine described how she had difficulty sustaining this positive outlook:

In my job after university, I struggled. Certain things I was really good at; I'm really good with people; I'm really good at certain things. But, if you have to follow instructions or do things in a particular way; learn new things; like at the time, it was all like computers being used much more in the job, and we'd go on training courses, and I'd just be sat there, and I'd think, "I just don't get any of this". They'd be teaching us new ways of putting information into a computer; I just couldn't do it!

Jasmine explained how she had felt once she had found out that she was pregnant: "I was able to stay at home, which suited me because it meant I might actually be able to be good at something here, be good at being a Mum!". And then, upon becoming a single mother:

So, I became a single Mum, and it's been really, really tough; really, really tough. And obviously, I didn't know that I had ADHD, but I've just spent so many years thinking, "Why can't I cope in the way that other women can cope?". And even other single mums seem to be able to do all these things, and, you know, I kept putting it down to the fact that, you know, I don't have family around me, so I don't have any help, so obviously it's going to be hard, but just everything became harder.

To highlight this, Jasmine spoke about an occasion where she had realised how different she felt compared to other mothers, which she now attributes to her ADHD:

Dan used to play rugby on a Sunday morning, and I'd be like getting us all ready, and I'd go out of the house; kitchen must still be a mess, hadn't even thought about what we were going to have for Sunday lunch, and you'd get up to the rugby match, and there would be all the Mums there; the rugby mums, who I just didn't fit in with, at all! All the rugby mums, that'd all been out the night before and having a great time, but they'd all, like talking about what they were having for lunch, and talking about this, and talking about that, "oh, I've got a roast on the go, and when I get back, it's all", and I would be thinking, "who are these flipping people?!" And I did think, "Oh, well, obviously it is easier for them, isn't it? They've got a husband that's probably looked after the kids while they've were doing this and that. But I realised that actually, no, it is probably because they're organised and, you know, they have thought ahead, and they've made decisions about what they're going to have for lunch and things like that. And I used to think, "Well!" And I would get in, and I'd be looking, all the crumbs still there from breakfast; I hadn't thought about what we were having for lunch! So, just silly little things really, that really don't matter, they really don't matter, but, you know, you just internalise it constantly, as I'm just not good enough, I'm just not this enough, I am not that enough.

Jasmine realised that she had ADHD after her son's diagnosis, and she recognised symptoms that they both shared:

Gosh! I was just like that! I mean, he would be in all sorts of trouble at school, and I would be going, "I was just like that. I understand!", not saying, "Oh, it's okay to get into trouble because I did", but understanding what you're going through because that's what I was like. And I kept hearing myself say it more and more, you know, I couldn't do this, I couldn't do that, and it was like a bit of a lightbulb moment, really! I thought, "Oooh, I wonder!" So, I started to think, actually, this hard time that I have

been giving myself, constantly beating myself up because I'm not this enough or that enough!

After asking the GP for a referral for diagnosis, Jasmine described how nervous she had been and assumed that the clinicians would say that she was making it up. Jasmine spoke about the significance of hearing that she has ADHD: "I just cried; I cried because sadness and relief all mixed in, really, because I think I've lived like that for so many years."

Jasmine felt that she had been diagnosed with other conditions over the years and now sensed that these were not the cause of her struggles. Jasmine explained that before the diagnosis, she had been living in a state of constant anxiety, making her feel mentally and physically exhausted, which she now sees as being caused by the symptoms of ADHD, and that this had made her very unwell.

It's living in a constant state of anxiety that exhausts me physically. I spend a lot of my time feeling very lightheaded, like, it's not spinning dizzy, but it's just this lightheaded feeling, because I'm always tense, I am always; I very rarely, like, feel relaxed and comfortable, it's like I'm working on it! But it's like, that is all I've ever known, is living in this sort of, like, hypervigilant state if you like. And it's made me feel really, really unwell. So, yeah, that is where I am at now, really!

Describing the time just after her diagnosis, Jasmine explained the cost to her of going undiagnosed:

It was a huge relief to get my diagnosis because it felt like it gave me reason for me being like it, and I think that that is so powerful. So, rather than just thinking that I'm just stupid, I now know that I'm not stupid at all! So, there's huge sadness, you know, there's just like this huge bereavement because, you know, you look back, and I just

think, 'oh my goodness, would have things been different?' I don't know; they might not have been. So now, I don't know. I don't look at my future too much, because it seems a bit scary, because obviously, I haven't worked for so many years as well, and now I'm at the stage that, you know, I quite like to work, but I fear because my brain just finds it so hard to process information. If I could just have a job where all you needed to do was talk to people (laughter), I'd be fine! I'd be fine! But if I actually had to do something and deadlines, and you know, like, had to do things in specific ways, and had to follow stuff, and had to be told what to do, I don't think I'd like that either. So, I think I'd find that really, really hard, and that concerns me, you know? That does concern me.

Although Jasmine's immediate thoughts after her diagnosis were very negative, there was some positivity to how she felt her life would change:

I know that I am going to be open about my diagnosis like straightaway. And if somebody doesn't like that, it's like, tough! I think that it's helped raise my self-esteem; it's still not where it should be, but it's helped raise it because I no longer feel that I am stupid like I said before; I actually feel that, yeah, this is how I am, and actually, I'm not going to say I quite like some of it, because some of it I don't, but actually, I like the fact that I've got something I can say, "this is why I am, how I am", so, yeah.

Jasmine was determined to educate herself on ADHD, and she acknowledged that she was still discovering aspects of that she was unaware of before:

It is not just the living with the ADHD; it's the living with all the things that go with that, and I think that's perhaps an aspect that some people don't understand. It's not, 'I've got a diagnosis of ADHD, wow, everything's great now!' it's like, now I understand.

But, if you're a person like me (and I assume you're the same), an intelligent person, an academic person, you want to research, you want to understand; it's like the more you understand and hyperfocus down on it! "Oh, there's that as well!", "Oooh, I'm like that!" and it's like, "Oooh!" and it becomes bigger!

Taking her prescribed medication for the first time, Jasmine described this as:

I was given Medikinet, and I can remember taking it and, within an hour, being more productive than I'd been for years. I remember tidying up this room, and rather than tidying and then going and making a cup of tea, tidying a bit more, and then going and looking on my phone, tidying a bit more, and then deciding that I actually needed to do that over there instead, and getting over there and never actually getting and doing what I actually intended to do, which is how I operate nearly all the time. It was amazing! Within an hour, I felt this like clarity in my head. So, I cleared everything out I needed to in this room, vacuumed it and didn't get distracted by anything else! And it was so noticeable. I was like, "This is amazing! Oh, my goodness! This is like, if I could be like this, this would be amazing! This is like!" I was so excited! I was buzzing! Because I was telling everybody! It was like, "I've got this new medication!" and I'm like, "I feel great!" I felt this anxiety had just been like sucked out of me! I felt like my body, like, felt calm, and you know, I felt like, relaxed! I felt great!

Jasmine spoke about her ability to hyperfocus in both a positive and negative way:

I get distracted by Facebook so much, but I learn so much at the same time; I am like, "that's really amazing!" and then like, "I need to look into that!". And so, you know, I guess when they say ignorance is bliss, it's like maybe, but I'm not like that! I get my teeth into something, and it's like, "Whoa!" and then I get, and then I realise I haven't done any of the jobs that I was supposed to have done today because I was

actually completely distracted by looking at that! But it is never like really useful stuff that I am looking at.

Later in the interview, Jasmine again mentioned hyperfocus:

To look at it positively. You know, you try to go, "Oh yeah, superpowers! Yay!" And I've seen some people in the group [ADHD social media page] get really cross when people put really positive stuff on there, but I think it depends also on the state of mind you're in at the time because you can feel, "Hey! This is great!"

Jasmine's new knowledge of her ADHD has changed her outlook and opinion of herself, and she described how she does not hesitate to let people know that she has it, stating:

I quite like me, being me. I might not fit in, I might not be organised, I might not be all these different things that I'm supposed to be as a woman, but actually, I quite like me and people; I think people warm to me. I think people quite like me being chatty and warm and open, and I guess the one thing that's changed now is that if you don't like me, well, just tough! I've been quite open on things like Facebook posts and things; I want to sort of like, you know, shout out loud: "THIS IS ME! THIS IS ME! YAY!" I want people to know."

Reflections on Jasmine's Story

Even though Jasmine spoke about periods of her life when things have been difficult, she came across as defiant and empowered by the realisation and subsequent diagnosis of ADHD. I came out of the interview feeling optimistic for her. Jasmine seemed pleased to talk to me about her ADHD, and I got the sense that, just like with Sarah, she had not had the

opportunity to talk to many people about it, particularly to someone who also has it. I shared Jasmine's positivity in talking to others with ADHD, and we had a very productive discussion.

Finding an online community of women with ADHD seemed to be a turning point for Jasmine, and she spoke about how her confidence and acceptance of herself had grown. Jasmine was keen to meet some of these people in person, and I interpreted this as an indication of the importance that she placed on this community. I understood this as I had also benefitted from these social media groups, using them for information about ADHD, advice on coping strategies, and, most importantly, reading stories of other women's experiences so I did not feel alone in how I had constructed my self-identity over my lifetime.

The focused conversation was particularly useful and interesting. Jasmine spoke about her difficulties at school, using humour to describe what must have been a stressful time, particularly if others were succeeding. I related to this as I had similar experiences from sixth form college, where I did not understand what I was supposed to be doing most of the time, whereas nearly everyone else seemed to. There were many times when Jasmine was animated and used humour to speak about her ADHD, which I took to mean that she had accepted parts of her experience. I enjoyed this aspect of the interview as humour is something that I now use to make light of some of my traits, such as the items that I leave in hotel rooms or the parking fines that I accrue because I have forgotten to pay for a ticket, which my friends with ADHD call an 'ADHD tax'.

When discussing university, Jasmine spoke about how she required an overview of an assignment to complete the work. Jasmine's description of how important exemplars of assessments are to her success links to Dawn's description of needing one to help her visualise her version of the assignment. My interpretation is based on my experience of taking longer with assignments, as I cannot visualise what is required; having an exemplar helps me to structure the work.

I interpreted Jasmine's diagnosis of ADHD as a significant positive in her life, and she spoke enthusiastically, with hope for the future. By stating that she was telling people she has ADHD, Jasmine seemed to be taking ownership of it and accepting the difficulties she has faced and still faces, and this is like my experience, where I mention it to my students. It was clear that Jasmine's ADHD has been a source of some significant problems in her life, just like in the stories of some of the other participants, and she came across as being relieved to have some meaning to events in her life, particularly with the misdiagnoses that she had received in the past.

4.9 Conclusion to the Chapter

In this section, I have presented the individual stories of the six participants in relation to how ADHD has impacted their lives. Each participant had a unique story, and in restorying these in the discussion section, my aim was to present an authentic representation of their experience. Some aspects emerged as noticeable commonalities, which I will discuss in more detail later. Additionally, I will apply philosophical theory to create meaning in response to the research questions.

Chapter 5 Discussion

5.1 Introduction to the Chapter

In the results section, I restored each narrative, adding reflexive comments to show my positioning within the research. This aimed to provide a subjective hermeneutic about the participant's life in relation to their ADHD. The following chapter analyses sections of these to respond to the research questions:

- 1) What do women with a late diagnosis of ADHD say about their lives?
- 2) When a woman has realised that she has ADHD, how does she experience this event?
- 3) Does the realisation that she has ADHD change a woman's construction of her sense of self?

When reflecting on their lives, each participant spoke about difficulties with institutions such as school, university, or the workplace, which the first chapter of this discussion focuses on. It explores the view that those within the population who are neurodiverse, particularly those, like my participants, who have yet to receive a diagnosis, experience problems due to the structure of society. The established norms of rules and behaviours of institutions have been constructed and reinforced by and for the neurotypical majority, and not the estimated 0.5% of women with ADHD (NICE, 2022), which I propose is why they have experienced issues. The participants noted that behaviours that they attribute to their ADHD did not always meet these expectations. Therefore, they found themselves on the outer boundaries. In this chapter, I have discussed the participant's struggles with institutions, applying Bourdieu's Theory of Practice to sections of their narratives. In addition, I have used the work of Durkheim, whose structuralist theory Bourdieu built upon (Wacquant, 2001) and who discussed how social facts are the "beliefs, tendencies, and practices of the group taken collectively" (Durkheim, 1895/1982, p. 54) that become embedded in our "collective or common consciousness" (Durkheim, 1893/1984, p. 79) as a way of understanding why we

are born into a way of being that is external to ourselves (Durkheim (1895/1982). I will also apply the work of Berger & Luckmann (1966/1991), who described society as being a "humanly produced, constructed objectivity" (p. 134), and by participating in society and its institutions, we are conditioned to accept these constructions as our truth, even if this truth is not in our best interests.

In the second chapter, I explored the point at which the women realised that they have ADHD, which all participants discussed. I interpreted this as a 'eureka' moment because some of the participants reached this point very suddenly, and from their narratives, this new knowledge caused upheaval. I have applied Lacan's Register Theory, specifically the symbolic order, to this commonality. I have used Lacan's concept of the 'Real' which he described as being "always in the background" (Lacan, 1988, p. 206), to discuss the sudden emergence from the "domain of the unconscious" (Mills, 2019, p. 18) of items that had not been signified until this point. Some of the women provided rich descriptions of this moment, and I have used Lacan's concept of the 'event' to describe a rupture in the symbolic order and a new truth created. After realising that they have ADHD, some of the women described how they spent time processing this by reflecting on and evaluating their lives. Lacan described the suturing as a 'point de capiton' or 'quilting point' where the symbolic order and the imaginary meet; the place where language and meaning are created (Bailly, 2012; Fink, 2017). I have used this metaphor to describe how the meaning (signifier) they had previously attached to an item (signified) is deconstructed when they realise they have ADHD. This new knowledge is then re-constructed and fixed within the symbolic order. I argue that the imaginary ego, which is "a terrain of conflict and discord; the site of continual struggle" (Homer, 2004, p. 31), experiences a significant upheaval that impacts the individual going forward with their life.

In addition to Lacan, I have applied the theories of philosophers such as Badiou, who described the rupture and event as the participant recognising a new truth that challenges the status quo (Badiou, 2007).

In the third chapter, I have applied Kristeva's theory of 'abjection' to describe the breakdown in meaning when the participant expels parts of herself that she no longer recognises about her past life now that she has a diagnosis. Therefore, participants can reconstruct their self-identity without these harmful signifiers because they have ejected them. This part of the discussion explores how some women can move on from their previously held beliefs and reframe their lives.

5.2 Response to Research Question 1:

What do women with a late diagnosis of ADHD say about their lives?

5.2.1 Reflections from Childhood

Each woman described enduring feelings of failure, underachievement, or disappointment at their performance within institutions such as schools, universities, and workplaces because of their experiences with undiagnosed ADHD. Bourdieu described these institutions as 'fields of practice, which he explained as:

A structured social space, a field of forces, a force field. It contains people who dominate and people who are dominated. Constant, permanent relationships of inequality operate inside this space, which at the same time becomes a space in which various actors struggle for the transformation or preservation of the field. All the individuals in this universe bring to the competition all the (relative) power at their disposal. It is this power that defines their position in the field and, as a result, their strategies. (Bourdieu, 1998, p. 40-41).

Within the field, types of capital can be accumulated; however, this is not always equal or fair, placing some at an advantage over others. If the individual fails to accumulate academic cultural capital, then this may impact their career choice and could lead to a lower social status and limitations in their mobility within and between fields (Webb et al., 2002).

The doxa or rules of the field are very important to functioning effectively within it. Bourdieu (2000, p. 15) described doxa as "a set of fundamental beliefs which does not even need to be asserted in the form of an explicit, self-conscious dogma", which Deer (2012) interpreted as opinions and natural beliefs going unquestioned and taken for granted within a field, creating autonomous responses, but do not always work in the best interests of the participant.

Bourdieu described 'cultural capital' as items designed to convey "symbolic wealth socially designated as worthy of being sought and possessed" (Bourdieu, 2002, p. 175). All participants described that because of their ADHD, they found difficulties and frustrations with accessing or accumulating cultural capital types or levels, such as academic and professional qualifications. For example, Jasmine spoke about messing around to cover up for the fact that she did not understand the demands of a task given to the class. Emma discussed finding it hard to sit still and stop talking. Sarah felt that she was labelled as a lazy, obstinate troublemaker who would fidget and become distracted, and she described being frustrated because of her feelings of having the ability to do well; she just found it difficult to sustain her attention. Sarah said she blamed her ADHD symptoms for failing to gain any qualifications from school. I thought this may not be the case in schools now, even with her undiagnosed ADHD, due to the focus on performativity and that she would be targeted for additional support. Being undiagnosed during this time clearly impacted her life, as she stated how she wished she had been diagnosed as a child, which provides an insight into the difficulties that lingered into adulthood for Sarah.

Even though Emma and Michelle achieved their qualifications, they described their difficulties and frustrations. Emma noted how she found school very easy; however, as the discussion continued, she described struggling at the end of secondary school and recognised that she could have achieved more with support, stating that she "could have done a lot better". Jasmine discussed how, compared to other students, she felt she spent double the time studying for the same outcome, which may relate to her lack of organisation of notes and difficulties concentrating on handouts and reading tasks. Dawn described being "constantly frustrated by myself!" at school; however, she did not have reasons for this.

Michelle stated that she now recognises the impact that ADHD had on her work at secondary school. Although Michelle managed to gain her certificates, she felt she had not met her potential due to her lack of organisational and motivational skills required to carry out the work effectively. The difficulties for Michelle continued onto university, and as with Kate, she described dropping out. I interpreted that Michelle and Kate's experience was due to their ADHD because it had nearly happened to me. I often did not have the focus to study, did other, more interesting things, and had difficulties getting out of bed for lectures and concentrating on them if I did attend. At university, my experience was like Kate and Michelle's, although I somehow managed to get through the course. The independence was very problematic, and I was very chaotic, much more so than in sixth form. With hindsight, my relative success was helped by the structure of playing team sports regularly and developing a close friendship group on the course, who seemed to realise that I needed help remembering lectures and when assignment deadlines were. However, when most of my peers were getting serious about their grades and careers in their third year, I could not see beyond the moment I was in and had no plans.

In contrast, for Jasmine, attending university as an undiagnosed mature student was positive, and she stated that she did well. Jasmine's description of experiencing success may be related to how she had begun to understand the doxa of the field and possibly understand

herself more. In addition, she may have learned coping strategies to accommodate her difficulties, even though, at the time, she was undiagnosed.

Kate reflected on feelings of being different as it was her perception that she could not function as well as others her age, and in the end, she was effectively "kicked out" of her "dream" degree course because she could not cope with being at university. Kate stated that she had not approached the university for support, and my interpretation of this was that she did not think anything was the cause and had nothing to attribute to these difficulties. If she had received a diagnosis, perhaps she would have received support, and her circumstances would have been different. Kate's description of this could have been because her level of maturity was below that of others, which I consider to be the case for me during adolescence.

My interpretation from some of the participants was that had there been an understanding of the symptoms of ADHD in women in the educational field in the 1980s and 90s, some of their behaviours may have been identified and supported, and their outcomes would have been different. Dawn described significant struggles in secondary school, which I related to, although my symptoms became substantial in sixth form and university. During my adolescence, I had not created coping strategies or had any diagnosis or support, and consequently, I nearly failed my A-levels. Upon reflection, there were clear signs: a persistent lack of homework, forgotten sports kit (this also happened at secondary school), below-expected grades, and always behind with work or unsure of what to do. I think I was obviously chaotic, like Dawn. As someone who works in education, I am unconvinced that if I were at school now, I would be identified as having ADHD unless the teacher had specific training or personal experience. I am also unsure whether Dawn would be diagnosed; although her description of her behaviours sounded prominent and disruptive compared to other girls, she may have had more chance.

The participants described feelings of failure and frustration at their past situation; Emma felt that she could have done better; Michelle described being unable to meet her potential; Sarah viewed herself as "a really clever, bright child" but could not carry out the required work. Therefore, accessing academic cultural capital was challenging for them within this field, with their behaviours viewed as a deviation or a "departure from reality" (Berger & Luckman, 1966/1991, p. 83) from the manufactured truths, and as a result, they experienced "an inferior cognitive status within the particular social world." (Berger & Luckman, 1966/1991, p. 83). Based on my participant's accounts, the educational fields' manufactured reality has worked against them. Although education has changed since the women were at school, and knowledge of ADHD improved, these conditions are continually reinforced for some groups, such as those with ADHD, who continue to experience failure. The reproduction of the conditions she faced in the field concerned Sarah, as her children also have ADHD. It is only recently, with increasing research and knowledge, that society and its institutions can attempt to make changes to help accommodate those with neurodiverse conditions such as ADHD, and in particular, previously unrecognised groups such as females; however, these everyday customs and norms in the field are not something that can be conveniently removed or quickly changed (Dillon, 2020).

Several participants described behaviours that did not match the doxa of the classroom and could attract negative consequences. Emma described finding school easy and was aware she was capable, yet she could not sit still and was labelled as a "complete chatterbox" by her teachers. These behaviours continued into university, where again, she found it challenging to sit still in lectures, describing her physical characteristics within these as "bouncing", which I took to mean fidgety and distracted. Sarah also described how she fidgeted with objects, such as her pen, hair, or Lipsil, and found lectures at university so difficult that she described them as "torture". The behaviours described by the participants that ran counter to the norm placed them in a dominated group, and their membership created a "blemished identity" (Wacquant, 2008, p. 274), impacting the accumulation of

social capital. The problems faced by participants such as Jasmine, who described how she masked her lack of attention and understanding by fooling around, may have lowered their access to social capital as she was behaving in ways that may have alienated her from others, such as the teacher and peer-group, even though she could not help it due to her ADHD, which could have impacted her mental health.

Even though the participants had been exposed to the same habitus-forming conditions as their neurotypical peers, it could be argued that their behaviours that run counter to the doxa of the field override their habitus, an involuntary counter-habitus, which I will discuss later on in this chapter. There is then the possibility of being labelled as 'disruptive'. Dawn's description of how she frustrated her teachers and was a very unmotivated child implied that her teachers knew she was not meeting her potential yet they could not get her to do the work. The irony for Dawn was that the factor that helped her organisation most at school was going on a report. Unfortunately for Dawn, a report is often embodied into a school's habitus as a totum for poor behaviour; therefore, she was taken off it, even though it worked so well that she won a school progress prize. When the school took her off report, Dawn described how she had gone from performing "brilliantly" to everything being a "shitstorm". This example can be described within Bourdieu's concept of 'symbolic violence', where Dawn had to accept the order of things, even though stopping the report was not in her best interests.

Although none of the women specifically mentioned exams, they did speak about how they felt their ADHD symptoms had impacted their work, for example, by fidgeting, distraction, and lacking focus, which is counter to the doxa of the conditions within an exam hall. Like Sarah, I had enormous difficulties focusing on a lesson or lecture's content if I was not interested in it. Looking back at this stage, I realise there is a misrecognition of the importance placed on the content and how it is assessed, for example, by memorising and applying it in an exam. As schoolchildren, we believe this content holds distinction and is more important than other things we might be interested in. I could never understand why I

was required to remember things, and I felt a sense of injustice and frustration that I could not recall or use facts in an exam. Trying to sustain my attention and focus under these stressful conditions worsened my already deficient working memory. This, combined with a silent exam room, which seems like a good idea due to a perceived lack of distraction, was detrimental. The slightest ticking of a clock, sniffing, coughing, or invigilators walking past would be off-putting. Looking back, I would have been better in a room with residual noise. Therefore, I believe that this is an act of symbolic violence, and there is a misrecognition that all students can be assessed effectively in this manner. Although I passed my exams, I have a persisting irritation that this was the primary measure of my abilities. The women in my study also spoke about the lasting effects of feeling inadequate on their sense of identity, which I will discuss in the next chapter.

5.2.2 A Different Educational Field

In Dawn's narrative, she reflected upon a time at school when she realised that the conditions in the field did not seem to be serving her best interests. In a Bourdieusian sense, this was the moment when Dawn realised that symbolic violence was being carried out on her, and she told a story about how she and her best friend had discussed changes that they would make to the school system, which I have abbreviated as follows:

I just couldn't work out what I needed to do. I think the way that the education system is structured, I didn't know what they wanted from me, so I couldn't work it out, even then my best friend and I, we decided we, when we grew up, we were going to open a new school, and we were going to teach children differently and, because we already hated the whole school system and the rigid [structure]

This aspect of Dawn's narrative is not necessarily exclusive to someone with ADHD and could be the case for many people, including those who are neurotypical. Dawn did not state whether she thought her best friend had ADHD. Dawn's account reminded me of my

frustrations with sixth form, particularly with sitting exams. Dawn had realised when she was at school that the system did not suit her symptoms of ADHD and it was, therefore, not working in her best interests. Conversely, I had misrecognised these conditions and believed in them to the detriment of my self-esteem, as this had become ingrained within my habitus as the only way to prove my ability. For me, this caused lasting damage to my sense of self.

Dawn believed schools should be remodelled to teach children differently, and she echoed the issues that some of the women had discussed. The education system has changed since my participants were at school, but many doxic fundamentals remain the same. An alternative, existentialist method of education, such as those advocated by Rousseau, Dewey, and Neill, amongst others, and underpinned by the Kantian notion that education's purpose should be to "help them [children] become all that of which they are capable as persons" (Olson, 2007: p. 66) may be what Dawn was referring to. The narratives were littered with aspects demonstrating a struggle, from Sarah's lack of attention to the behaviours that were natural to the participants but problematic to the doxa, such as Sarah's fidgeting and distraction and Emma's hyperactivity. There was also the description of failing to meet their potential, for example, with the effects of Michelle's disorganisation or Kate's feeling that she was "crap at everything".

A.S. Neill's model that he implemented at Summerhill School had founding principles based on these philosophies, with the central premise of the child making decisions about their learning. Neill described Summerhill as a school that fits the child and not something that is stipulated by educators (Readhead, nd). Neill's opinion was that it was poor practice to make "active children sit at desks studying mostly useless subjects" (Neill, 1960, p. 4) and that these schools are helpful "for those uncreative citizens who want docile, uncreative children who will fit into a civilisation whose standard of success is money" (Vaughan, 2006, p. 6), which seems to fit Dawn's thoughts. However, this model has faced criticism; for example,

an Ofsted inspection in 1999 stated that pupils were "often foul-mouthed" and that the school had "an abrogation of educational responsibility" (Ofsted, 1999).

The premise that my participants could decide what they would study seemed to be suited based on their narratives; for example, Sarah had difficulties with prescribed work, but when she was interested in the subject, she stated, "when my brain wanted to perform, it would outstrip everybody". Kate also spoke about her obsessive interests, which she may have been able to carry out within this environment. However, within Neill's model, lessons were optional and "children can go to them or stay away from them - for years if they want to" (Neill, 1960, p. 2). This may have been problematic for some participants, such as Dawn, who stated several times that she required structure to enable her to function, or Michelle, who discussed how she also required structure and had difficulties with self-discipline.

Although there has been a movement to increase child-centred pedagogies since the women were at school, with examples such as Active Learning, Problem-Based Learning, and other experiential ideas, teacher-centred rote learning is still prevalent (see Gove, 2012). Neill's methods were different and prescribed that school education should be based around a vision of the child as "innately wise and realistic. If left to himself without adult suggestion of any kind, he will develop as far as he is capable of developing" (Neill, 1960, p. 4), which would fit with the examples in the previous paragraph. Whilst efforts have been made in education to move towards a more progressive, personalised style of learning, there are difficulties with this, such as classrooms with 30 students or more, or the fixed curriculum where schools have a "responsibility to perform" (Ball & Olmedo, 2013, p. 88). The Summerhill philosophy of education does not fit with society's drive to interpellate its citizens with pre-determined systems of knowledge and belief, which Fromm (1960, p. x) acknowledges as a reason why progressive schools such as Neill's do not become the norm. Therefore, Dawn's desire to move away from an essentialist educational model is unlikely.

5.2.3 ADHD and the Habitus

Even though the participants were exposed to similar conditions as their neurotypical peers, it could be argued that the behaviours they now attribute to their ADHD run counter to and override their habitus. The women told stories of their frustrations at not fitting in at school and in their careers and gave examples of behaviours that ran counter to the doxa within these fields. In their education, the propensity for their ADHD to override their habitus either started or continued into secondary school, college, or university, with descriptions of low attendance, poor work completion, and challenges in following the doxa of the lecture theatre.

Michelle described how reckless her behaviour was in adolescence and as a young adult, where she was immature, unable to learn from her experiences, and difficult to live. Regarding the latter point, Michelle was aware of her housemate's evident frustrations with her, and she told a story of how she had overheard her say that Michelle was "so selfish, and she never does; she never cleans the room.", to which Michelle reflected that she "just didn't think of it; it didn't occur to me". Michelle's habitus should have enabled her to behave within the field's norms, with a seemingly natural awareness of these acceptable behaviours, which she would have had through her socialisation, but the poor functioning of her executive functioning skills, such as struggling to start and finish tasks may have prevented this.

The women spoke about how their symptoms continued to impact them as they got older. Jasmine realised that she experiences significant difficulties meeting basic expectations of the workplace, such as following instructions and meeting deadlines, which caused her to move from job to job, stating that: "I just wasn't making a success of anything". Dawn spoke about her experience of employment within an office and how she now knows that her behaviour was contradictory to the norm, describing how her fidgeting, silliness, and noise had created tension in her interaction with her colleagues. Dawn explained how she

considered herself to be irritating in this environment. Entry into the medical profession did not focus on Dawn's inability to behave according to her habitus, and this career fitted her behaviours much more successfully than the hysteresis she experienced in other workplaces. Dawn did not describe trying to change her behaviour, more that her behaviours were better suited to the field, where she did not experience the hysteresis that she had before.

Emma described a similar background to Dawn's with her narrative of experiencing a hysteresis in a similar field where her hyperactive symptoms were beneficial, which I interpreted as her not needing to attempt to suppress them. Emma stated that her excess energy meant that she would not need breaks. Bourdieu & Wacquant (1992) described this ease of entry that Dawn and Emma experienced in these fields as being like a "fish in water" (p. 127), and the positive qualities that they described allowed them to accumulate capital as a result, which they demonstrated by the descriptions of the success that they experienced. In relation to her ADHD, Dawn described that this was "the perfect job", and she felt that it attracted people with ADHD as the role has a logical structure yet freedom to solve instant problems, which fits with Littman's (2022) observation that the ADHD brain craves stimulation. I interpreted Dawn's description of her ability to channel out the "bedlam" or "Armageddon" that was occurring in this field as referring to hyperfocus.

As explored above, there were examples of hysteresis and those that described traits that enabled an easier fit with the habitus of that particular field, in the case of Dawn and Emma, within a medical career. Taking a reflexive lens, this fits with my experience in adolescence and early adulthood of having a hysteresis in lessons and lectures where I could not move around or was expected to work in silence. I could not concentrate, and I could not override my ingrained habitus to behave accordingly. When I was teaching Physical Education in my late 20s (undiagnosed with ADHD), I remember being in Head of Department meetings. I would fill a page with doodles or draw around my hand to help me concentrate on the

meeting. I learned that the Assistant Headteacher, the chair of these meetings, had noticed and commented to a colleague about it, fortunately, not in a negative way; perhaps he wanted to understand why I did it, or maybe he also did it. In this example, my behaviour contradicted my habitus, as I knew this was very immature; I could not help it. The other participants within the meeting demonstrated the correct behaviour as they sat still and presumably listened. Even though I was unaware of my ADHD, I had been immersed in similar fields to the other teachers whilst growing up, and even though I knew my drawings had been noticed, it was a coping strategy that I had developed to enable me to listen and not have to leave the room.

Another example of my participants trying to prevent their ADHD symptoms, such as hyperactivity and a lack of focus, overriding their habitus, was using stimulant medication. However, not all described trying it or that it worked for them, and the latter was the case for me. In Sarah's narrative, she spoke about the impact ADHD medication had on her, explaining it had positively "changed my life" in relation to her organisation. Jasmine stated: "I felt this anxiety had just been like sucked out of me! I felt like my body, like, felt calm, and you know, I felt like, relaxed!" which I interpreted as allowing her to avoid distractions and become more productive at work. Emma described the improvement medication made to her memory, stating that she could "retain information better; I'm able to compartmentalise, so I can put things that I learn into boxes so that I can remember it all". I linked Emma's narrative to my issues with remembering and retaining information, and how we are ingrained with the belief that having difficulties with memory is highly problematic. As I explained in a previous section, I used to forget everything, as a child it things such as my PE kit or homework and as a PE teacher, it was that I had a fixture that evening (I would have to rush around trying to organise a team on the day) or that I needed smart clothes for a parents evening. I feel lucky that we now have technology that can mitigate some of these issues and I feel less hysteresis.

Over recent years, there have been moves to accommodate individual differences within schools and workplaces with the introduction of the Equality Act 2010 and increasing awareness of the benefits of hiring employees with neurodiversity, such as ADHD, due to suggested advantages such as creativity (Fugate et al., 2013; White & Shah, 2006), and divergent thinking (Sedgwick et al., 2018; White & Shah, 2006). However, the dominant norms still work against the individual with ADHD; for example, the school curriculum and methods of teaching and learning favour those who can sit still and focus their attention for long periods. Even though other assessment methods have entered the field, exams still dominate, which, for individuals with poor executive functioning skills, is problematic for gaining cultural capital. Things are slowly changing; however, for real change to occur, the dominant group must become critical of the existing conditions (Forgacs, 2000) and strong leadership and thought are required (Althusser, 1971/2001).

5.3 Response to Research Question 2:

When a woman has realised that she has ADHD, how does she experience this event?

5.3.1 Lacan's Lack

Within some of the women's narratives, there were times when they conveyed feelings that they were missing something that others have, or like Sarah, sensing that since childhood, they were different. One commonality where this was demonstrated was the description of a struggle with understanding or working out what was required at school or in specific work situations. Dawn said of her schoolwork that she often "didn't know what they wanted from me, so I couldn't work it out." Jasmine described a time when everyone else in the class had created something beautiful and that she had "messed around instead to actually cover up the fact that I couldn't work out what to do". Emma recalled a time at university when she "didn't understand the assignments; I really struggled". During the write-up of this thesis, I again felt a sense of being other as I struggled to visualise the structure, particularly of this

discussion section. My perception is that my peers can conceive this more clearly as they seem to finish their work more timely than I do, which I attribute to executive functioning issues of my ADHD. Dawn explained how she had experienced success once she had an example of what she needed to do, stating: "I got a solid 80% because once I worked out what I needed to do, I can do it, but I have no idea what people want, and I need an example of it first.". Dawn's point interested me because I also require examples, whether it is writing assignments (my coping strategy was to find exemplars of theses on the British Library eThOS website) or visual models of what I will teach. These examples may link to the ADHD symptom of poor working memory, which Baddeley (1992, p. 556) described as a part of the workings of the brain that "provides temporary storage and manipulation of the information necessary for complex cognitive tasks" and I question if this is due to not being able to hold information in the memory to enable the structure of work to be visualised appropriately. It could also be due to one of the symptoms of ADHD that makes it challenging to initiate tasks, which is why I can feel at an impasse because my brain is struggling to carry out the task, causing me frustration.

Similar examples were provided about their careers. Michelle described that whilst colleagues carried out their project work, she had struggled, stating: "I couldn't tolerate it", and she felt like she was "floating around, thinking, what am I meant to be doing here?". Sarah viewed herself as not fitting in at work, with, "I don't know how to behave; I can't be myself because if I'm myself, people take me the wrong way". Kate described feelings of being "rubbish" at work. Of course, some of the issues in these examples could be experienced by anyone, with or without ADHD; however, descriptions such as Michelle's of being unable to tolerate her work fit with ADHD symptoms of restlessness and extreme impatience (NHS, 2021). In relation to women, many mothers can feel as though they are not coping, and many students may feel like they do not understand a task, possibly adding to why ADHD is missed. With a late diagnosis, the women have spent many years trying and

failing to work out reasons for the aspects they discussed and, for some of them, why they do not fit in.

The desire that the participants experienced to find out what was missing can be related to Lacan's concept of "Lack", which describes the feeling of incompleteness that an individual feels that leaves them feeling that something is missing. Ruti (2008, p. 487) interpreted it as the push-back from our attempts to deviate from the norms of the 'Other' (people, knowledge, language, power, structures, etc.) that leaves us with "the relentless sense of incompleteness that characterizes human existence—as the melancholy underside of social subjectivity", which describes the constant search for the answers. As a result, we search for a sense of "ontological security" (Ruti, 2008, p. 485) because we believe that what we are searching for will afford us this stability within our being. Lacan used the concepts "das ding" and, later, "petit objet a" (Homer, 2004, p. 65) to describe these missing, elusive, and inexplicable items that we desire in which to fill the void. We look to the Other to affirm our belonging and assume it has the things we need, which, for the examples from the women, could be the tools to understand a task that is pressing or the skills to be able to fit into a social or working field. Homer (2004) described examples of petit objet as knowledge, possessions, and love. Ruti (2008) described attempts to fill or cover the lack as being fruitless and always ending in failure; however, this interpretation of Lacan's theory suggests that failure is the case if the focus is on the ego of the individual rather than the "existential situation" (p. 484), which provides the possibility of revising their understanding of themselves. In the next chapter, I will discuss how the "event" of realising that they have ADHD is significant enough to, at least partially, fill the lack. This leads to reframing and reworking their sense of self after the event, using the new information they have received.

Returning to Jasmine's narrative of the rugby mums, she seemed to perceive them as the perfect model of motherhood, exuding control and organisation when she was not. In Lacanian terms, Jasmine imagines they have the "ideal ego" (Lacan, 1960, p. 562), which

she lacks and aspires to to fill this void, stating, "they're organised and, you know, they have thought ahead, and they've made decisions about what they're going to have for lunch and things like that". In this example, Jasmine is comparing herself to the Other's demands, comprised of the ingrained societal expectations of mothers, and she has decided that they have it and she does not, leading to a sense of exasperation. Conversely, the mums may not be as organised as Jasmine perceives; however, their interpellation of the norms and their ability to construct an imaginary that Jasmine perceives as brilliance is something that Jasmine's symptoms of ADHD have not enabled her to do, and she experienced a lack.

Lacan's symbolic order is the realm of "language, laws, and social structures" (Bailly, 2009, p. 94); it is where meaning is created. Fink (1995, p. 24) states that "thinking always begins from our position within the symbolic order", whilst Mills (2019, p. 16) states that it is "the cause of the subject's being". Through language, we attach signifiers to items to create a version of reality that we accept, providing stability to our lives. One way the women could fill the void of the lack and set the interpretative machinery into operation (Žižek & Hanlon, 2001) was when they realised they have ADHD. At this moment, the participant's feeling of incompleteness that something is missing can be illustrated by Žižek's point that the lack is "the remainder of the Real that set-in motion the symbolic movement of interpretation, a hole at the center (sic) of the symbolic order, the mere appearance of some secret to be explained, interpreted, etc." (Žižek & Hanlon, 2001, p. 7). This implies that the lack needs to be signified to come into being within the symbolic order. At this point, the realisation of having symptoms of ADHD may have meant that the lack, which Žižek states is part of the 'Real' and is, therefore, part of the unconscious and unsignifiable, comes to the fore and can be signified, which for the women, means that they can start to understand and answer some of the questions that they have had based upon the lack they have felt in their lives.

Before diagnosis, I was driven to discover the cause of the issues I was experiencing and could not put my finger on, which was a lack. These items could be interpreted in a Lacanian

sense as being in the unconscious realm of the real and unknown because they are beyond "all formal articulation and representation" (Mills, 2019, p. 3). Fink (1995) states that items in the Real contain aspects that prove to be a "stumbling block" (p. 26) to individuals, which undiagnosed ADHD symptoms were shown to cause based upon most of the narratives. Žižek (2001) stated that when the lack comes into view, it "sets in motion the symbolic movement of interpretation", whereby signifying language can label the previously unsignified aspects and we recognise it. However, Brown & England (2004, p. 74) warn that we can never reach the answer within the real, which could be interpreted based on Dawn's point of not entirely knowing which of our behaviours are caused by ADHD.

5.3.2 The Event

One of the most interesting aspects that nearly all the women spoke about was the moment they realised they had ADHD. Kate described being "gobsmacked" and that it was a "massive revelation", whilst Jasmine referred to the enormous mixture of relief and sadness that she felt. The moment seemed significant in the women's accounts, and I interpreted it as a moment of clarity when things suddenly fell into place. After reading about ADHD in the media, Sarah realised that her difficulties mirrored those mentioned in the article and described her reaction as profound. My sudden realisation was similar to Sarah's, and as soon as I read the article on ADHD, I knew instantly that I also have it. Everything fitted into place, and I remember feeling excitement and relief vividly. As I started to read more about it and consolidate my thoughts, I felt a range of emotions, for example, being confused over how I could not have known, considering that I was a teacher and had taught many students with ADHD.

The moment that something happens to create a new set of truths is something of great interest to philosophers, for example, Plato, Hegel, Heidegger, Arendt, Lacan, Deleuze, and Badiou, who have used terms such as 'event', 'act' and 'encounter'. Deleuze discussed how this moment is a "becoming", where one "epoch comes to an end only because another has

already begun." (Zourabichvili, 2012, p. 53), which suggests that when something happens, there is a change; things cannot go back to how they were prior to this point. For this section, I will use the term 'event' because of its use by Lacan (who also referred to it as the 'Act') and Badiou, both of whose work I will use in applying to the participant's narratives. Interpreting Lacan's work, Bell (2011, p. 109) states that when there is an event, there is a "radical rupture from the current state of the situation". Following on from his "master" Lacan (Bell, 2011, p. 105), Badiou provided a detailed philosophy of the concept of the event, which he described as when an "unexpected and unforeseeable possibility opens up in your personal, empirical existence" (Badiou, 2013, p. 10). Interpreting Badiou, Tarby (2013, p. 142) described the event as an "occurrence or the flash, the dazzling revelation or an instant, of the void subjacent to the situation, buried in the structures.", with the 'situation' comparable to Lacan's concept of the 'symbolic order', and described the sudden moment when this is ruptured.

The event for the participants was their realisation that they have ADHD, and it was described in differing ways. Jasmine recalled how she had reacted by exclaiming: "THIS IS ME! THIS IS ME! YAY!". I interpreted this as a sudden rupture in her previously stable symbolic order. Sarah seemed to have a similar experience, stating, "Oh my, that's me! Oh!" and Kate's "This is me!" and that it was a "massive revelation". On the other hand, Michelle did not express her realisation as sudden; instead, it seemed to be a slower process to get to that point. Michelle's event may not have been significant for her because she was re-signifying aspects of her symbolic order as they came about, which caused her less of an upheaval than some of the others. Emma and Dawn, like Michelle, did not depict their realisation as a rupture. I had not expected this as my preconception was that women with a late diagnosis would experience the realisation as a significant moment, as I had. Emma stated, "I kind of knew anyway; it wasn't really a big surprise". The sense of relief for Emma seemed to be more about receiving a medical diagnosis that could answer some questions about her behaviours than a specific diagnosis of ADHD. The realisation for Dawn, Emma,

Michelle, Kate, and myself of having ADHD came about after reading an article or post on it, which incidentally did not necessarily focus on a female's experience, as with my own, which may demonstrate that the increase in awareness in males has improved the outlook for female diagnosis.

In a Lacanian sense, the realisation changed how the women signified aspects of their lives. The main feature was the placing of signifiers or a chain of signifiers onto the set of symptoms that they had been experiencing, therefore creating new knowledge about themselves that they have brought into language. Lacan's metaphor of the "quilting point" denotes the creation of stability within the symbolic order when the signifier and signified are tied in place to construct meaning (Lacan, 1997, p.293). At the point of an event, which in this case is the participants discovering that they have ADHD, signifiers and signified are forced apart and thus lose meaning, creating an upheaval as well as the potential for chaos and mental instability until these can be signified again with new meaning. For the women, this meant they were at a point where their future would be different to their past. For Badiou, this is the point at which there is "a reconfiguration of the transcendental order of that world might begin – point by point" (Barlett & Clemens, 2014, p. 147) and that the symbolic order or situation opens to "the founding of a new present" (Barlett & Clemens, 2014, p. 158) which is when the woman can reconstruct her self-identity.

5.4 Response to Research Question 3:

Does the realisation that she has ADHD change a woman's construction of her sense of self?

The event allowed the participants to move forward with the new knowledge that the difficulties they had experienced could now be attributed to ADHD. Before the event, this was unknown and impossible to imagine; other than that, there was a lack, a void in

signification that needed to be filled. The event suddenly brought the inconceivable out of the unconscious of the real and into the signification of language (Badiou, 2013). Because of this, there was the creation of a "possibility", a "proposition" (Badiou, 2013, p. 10). For the event to be significant to the participant, Badiou stated that effort needs to be applied so that this new knowledge is "grasped, elaborated, incorporated and set out in the world" (Badiou, 2013, p. 10).

After the event, Kate embraced this new knowledge, echoing what Badiou said about creating possibility, and purchased a book to educate herself on ADHD. Kate's narrative of the event implied that she had a shift in her thinking that was fairly immediate, which is contrary to Badiou's view that after the event, there is a slow process to revealing the truth. It could indicate that Kate had already started linking symptoms into signifying chains or that there had been more than one event before her exclamation of "This is me!" when confronted with the named condition. Kate's description of the immediate change in her view of herself was detailed and she explained that she shrugged off the embodied negativity, stating that she "could just cast it all off" and be "free of it all", reframing the change in her sense of self as being "not actually just crap at everything, because there's a reason!". In a Lacanian sense, Kate was suturing new quilting points to secure and stabilise this new meaning within the symbolic order.

Sarah recalled how she had reacted after the event with the exclamation: "That's why that happens! Oh, it's not because I'm lazy!". She gave me the impression that this was a huge relief to her after struggling with since school. Sarah also realised that she may have been masking to hide these assumptions. She stated that she could not be herself because people take her the wrong way, which suggested that even though she was now aware of her diagnosis, the problems with her behaviours remained. My interpretation was based on my position in the research when I realised after the event that I mask ADHD symptoms, for example, trying to cover up how long something has taken me to complete. Levi-Strauss

discussed how masks empower the wearer and change how they display their identity and that hiding behind a mask was powerful, allowing the wearer to carry out things more efficiently (Champagne, 1987). However, the apparent anger or frustration that Sarah expressed may imply, like my story, that masking has also come at a personal cost, which relates to Nadeau et al. (2015) who described how masking might be carried out by detaching from the situation as a defence to try to overcome differences that can cause problems for the individual, meaning that "their true self is never known, acknowledged, or validated." (p. 107). Dawn's statement after the event that she was trying to work out, "What's me? What's ADHD? What's other stuff?" seems a helpful summary of the post-event position for some of the participants.

5.4.1 Post-event Abjection

In this section, the post-event situation the participants find themselves in will be discussed using Kristeva's concept of abjection. There are several examples within the participants' narratives of abjection or the process of abjection. Sarah described being at the point where she was trying to move on from negative thoughts, such as being lazy, good for nothing, and selfish, that she had constructed about the parts of her life where she went without a diagnosis. Sarah also felt shame at how her life had turned out, mentioning her lack of success at school and the workplace. My interpretation of this was that Sarah was trying to abject these feelings by being able to educate teachers about her children's ADHD, which helped with this process. Leader (2014) suggested that the changes caused by the event lead the individual to find solutions or compensations that have the potential to create some stability after the symbolic order has collapsed, which, for Sarah, was researching and educating others on ADHD. The process of my abjection is similar to Sarah's, and I have found that by researching and writing this project, I have been able to abject damaging labels that I have incorporated into my sense of self. However, these are heavily embedded, going years without being challenged, and I realise that I must work at abjecting them to grasp the "possibility proposed by the event" (Badiou, 2013, p. 10).

Kristeva (1982, p. 2) described the process of abjection on the self as "I expel myself, I spit myself out, I abject myself within the same motion through which "I" claim to establish myself". Kristeva's description of how she has to get rid of a part of herself to become herself is much like Kate's discussed how getting rid of her negative had freed her, stating that: "so much negative stuff that had been said to me, and that I had said to myself, and that I'd accepted, suddenly, was like; I could just cast it all off, so I just felt like, free of it all". The abjection that Kate experienced meant that new meaning could be created by ejecting the parts of her self that she no longer recognised or identified with, and my interpretation was that Kate does not seem to recognise the previous version of herself and has reshaped her experiences, creating, in a Lacanian sense, a new imaginary ego after the abjection. Kate's description of how she previously thought she was "rubbish" would no longer exist because she has abjected it and, in the process, reassembled her symbolic order with new signifiers. Kate provided the most uplifting point from the interviews, describing the aftermath of the realisation that she has ADHD, as it "really freed me, and I just became really powerful.". My interpretation is that Kate has struggled over the years due to a lack of diagnosis, and receiving one earlier would have meant that she would not have built up such perniciously entrenched beliefs about herself that have required an abjection fitting of Kristeva's metaphor of vomit with its "shattering violence of a convulsion" (Kristeva, 1982, p. 3). I can understand how Kate felt as the realisation that I have ADHD made me change how I viewed myself. I do not think I abjected parts of myself at the speed that Kate described as I think I was cautious in the knowledge that I needed official confirmation, agreeing with Emma that if I was not diagnosed, I did not want to be "stuck with this brain and no help!". I believe that my deepest-rooted feelings of difference and failure have been hard to abject.

Kate also spoke about how she realised that her marriage was over, stating that once she had become aware of her ADHD, she had used this new sense of power and freedom to "stop taking any nonsense". This awakening fits with Kate's changing sense of self and the subsequent physical abjection of her former husband. Kristeva's notion that the abject

disturbs the identity (Kristeva, 1982) seems to apply here and the nonsense that Kate refers to links to the rebirth of her identity and subjectivity. However, the residue of the marriage will remain with her, perhaps as a reminder of who she was and who she is now.

Dawn's account of the aftermath of her event was much less enthusiastic, and she seemed to have struggled to fully abject her feelings of repugnance on how ADHD has impacted her life. Dawn described a grieving process and regret of what could have been made of her life, which indicated that, like Kate, she had been disadvantaged by the lack of an earlier diagnosis. I felt that this was a theme that ran throughout her narrative. However, Dawn appeared to be attaching new signifiers within her symbolic order, stating that "(y)ou end up reframing so much of your life", and perhaps for her, this reconstruction would be a long process. My interpretation of Dawn's narrative is that ADHD has had an extensive and damaging impact on her life, and even with her recent diagnosis, she has yet to move forward with a positive reconstruction of her symbolic order. Kristeva discussed how "the abject simultaneously beseeches and pulverizes the subject", which would seem apt in describing Dawn's struggles to move on after the event.

Michelle and Emma did not express the same feelings of relief and empowerment as Kate, Sarah, and Dawn. Emma stated that she was relieved, mainly because she was concerned about not gaining a diagnosis, which links to the stereotype that boys only get diagnosed with ADHD, and she would be without an explanation or the opportunity to try medication. My interpretation of Emma's narrative was that the event did not have the same impact on her as it did on the other participants. Therefore, she did not have much to abject, leading to minimal disruption to her sense of self. Emma was also the youngest participant and may not have experienced as much as the others in the study; she was also fortunate to have continuous employment in areas that suited her ADHD symptoms. Michelle was also relieved, stating that she felt good that there was finally a reason; however, I got the impression that she did not think much would change for her. Rather than an abjection,

Michelle indicated that she was slowly creating new signifiers and changing her perception of how the Other viewed her as "half-soaked" or "lazy". From my experience, these labels are interpellated at a young age (in my case, sixth form college), with long, complicated signifying chains attached, which take time to change or, in a Lacanian sense, would leave your symbolic order in chaos if they suddenly ripped apart. It has taken me about seven years to abject the sense that I am not good enough.

Jasmine had a practical take on her post-event, stating that she understands her symptoms more now that she knows what they are. Jasmine's narrative in this section implied that it was not a life-changing moment that fixed everything for her; it was more of a subtle shift in her understanding and sense of self with the more reading she carried out. Jasmine seemed to have shifted in her opinion of herself, stating: "I now quite like me", which seemed accepting of her otherness. Jasmine also spoke about how the 'other' viewed her, expressing how she realised that people warm to her. It seemed that Jasmine had not changed much about her imaginary ego; she did not abject great chunks of herself to suit her perceptions of the Other. Her perception of the Other was that it did not bother her as it once did; she had reasons for her behaviours and a growing acceptance. In the post-event, Jasmine appears to have moved closer to her ideal ego.

Chapter 6 Conclusions

6.1 Introduction to the Chapter

This study has explored the life stories of women diagnosed with ADHD in adulthood. It has also enabled me to reflect upon my experiences of a late diagnosis to provide additional insights and reflexive interpretation.

The project aimed to provide answers to the following research questions:

1. What do women with a late diagnosis of ADHD say about their lives?
2. When a woman has realised that she has ADHD, how does she experience this event?
3. Does the realisation that she has ADHD change a woman's constructions of her sense of self?

The stories told by Emma, Sarah, Kate, Michelle, Dawn, and Jasmine are each unique and add voices to the research into females with ADHD, and in particular, those with a late diagnosis. In answering the first research question, each woman told of struggles and challenges due to their ADHD symptoms, compounded by a lack of diagnosis that left them navigating fields of play such as school, employment, and relationships with feelings of inadequacy or as an outsider. The stories told were of difficulties, underachievement, and failure in these fields; therefore, in varying ways and degrees of challenge, each participant's life has been impacted by their ADHD symptoms and lack of diagnosis.

Emma conveyed comparatively fewer difficulties than other participants, discussing how she had underachieved at school and how her physical hyperactive behaviours have positively and negatively impacted her work in education and employment. Emma seemed to have stumbled upon an ideal career path for her ADHD symptoms, where she could use problem-solving in working quickly from task to task and keep moving during the day, which she

suggested suited her and made her feel successful. As a result of her diagnosis, Emma spoke about how ADHD medication has improved aspects of her life, which was not something all participants, including myself, could say. Therefore, for Emma, the diagnosis was very positive.

Sarah described numerous difficulties in her life, with problems at school, employment, and in her relationship. Due to these issues, she had gone through life ingrained with a sense of being lazy, good for nothing, and a troublemaker, which she now knows was caused by her ADHD. These feelings are deeply rooted into her sense of self and, from her narrative, suggest that they persist. Sarah's lack of diagnosis appeared devastating, and she expressed sadness and regret over not having one in her school years. Sarah's resilience was evident within her narrative, and she had clearly learned about her symptoms since diagnosis, for example, when she spoke about the self-sabotage of her businesses.

Before her diagnosis, Kate described how her ADHD symptoms had caused many issues. In her education, she experienced failure and life-long career disappointment, with aspects of her narrative indicating that she felt immature and inadequate when comparing herself to others. These struggles continued at work, and Kate experienced bullying and criticism, adding to her feelings of not being good enough. Kate did, however, describe positives to her ADHD symptoms, discussing how an ability to hyperfocus allowed her to have some fascinating, yet intense, interests. I interpreted Kate's lack of diagnosis as having a significant impact on her, and when it finally came, it changed her life and sense of self.

Dawn spoke of many frustrations, difficulties, and hurdles that had experienced throughout her life due to her ADHD. One of the most challenging was convincing medical staff of her ADHD, which was disappointing because, to me, her symptoms were very obvious. Dawn's description of this is perhaps another example of why women go undiagnosed. Dawn referred to her ADHD as framing everything about her, demonstrating how significant it is in

her life. Dawn described the realisation that she has ADHD in muted terms which I interpreted to be relief, yet a weariness that it had taken so long. Finding out this diagnosis seemed to be just one step in a long process of managing her symptoms.

Michelle told stories of struggles that she now attributes to her ADHD in many facets of her life, starting in her teenage years and continuing to the present after diagnosis. Michelle described how her lack of focus, organisation problems, and task impatience have had a particular impact on her education and employment over the years. In her work, Michelle documented a lifetime of issues, going from job to job and being unable to settle for long in each of them. The difficulties that Michelle has experienced have affected her self-identity, and she appears to have a poor self-image with low self-esteem and longstanding, embodied beliefs that she is lazy and unmotivated. Michelle's diagnosis came with relief and a renewed sense of motivation, and with the diagnosis, she has been able to educate herself about ADHD and try medication that she described as helpful in managing her symptoms.

It was interesting to hear Michelle's thoughts on how going through perimenopause complicates her view of her symptoms, and this is an area that requires further analysis in future research. Post-diagnosis, Michelle described the positive impact this has had on her self-identity and is starting to challenge the negative feelings she has carried throughout her life.

Jasmine's story was similar to Michelle's in that she also told of a lifetime of struggles with fields such as education and employment. Jasmine also discussed how impulsive ADHD symptoms presented distinct problems for her, particularly in adolescence, where she described being chaotic and demonstrating risky behaviours. Jasmine spoke of creating coping strategies in adulthood, even though she was undiagnosed, making her symptoms more manageable. However, Jasmine recognised that there would continue to be challenges from her ADHD going forward. After her diagnosis, Jasmine realised how embodied her

feelings of low self-esteem and confidence are, which she attributed to her ADHD. Jasmine appeared optimistic about her future due to the recognition that there is now a reason for her difficulties, and she acknowledged, like Michelle, that the diagnosis is just the start of her journey to a more positive outlook. However, Jasmine mentioned liking herself more now that she has the diagnosis, which is a sign that her self-identity is changing positively.

A lack of diagnosis meant that for some, they had an enduring sense of being an outsider, someone who cannot easily access the capital within the fields that they are within and who struggles with the habitus that they should have, yet their symptoms override it, making it difficult for them to conform to the doxa which can lead to problems, as we have seen in the narratives. The lack of capital, whether it is academic, cultural capital, like in the case of Sarah, with her lack of qualifications, or in social capital, like with Jasmine and the rugby Mums, has meant that the habitus has lacked in either the embodiment of these norms or the enactment of them. My interpretation was that most of the women think that they are different, and the diagnosis has not overly helped with this. Dawn felt that the field was the problem and realised it was not working in her best interests when she was still at school, recognising that symbolic violence was being carried out on her. For Sarah, she recognised problems within the field for her children, who also have ADHD, and that not much has changed 30 years on from when she was their age.

I explored the second and third research questions by applying Lacan's Register Theory to the narratives. The second asked about the moment of diagnosis. Some of the women described a 'lack' in their knowledge of what they needed to do within specific fields, or why they felt different and felt frustrated that they could not access the reasons why, seemingly accepting the conditions. Some of the women felt that they had inadequacies in their intelligence that they had just accepted and interpellated into their symbolic order and imaginary sense of who they were. Upon realising that they have ADHD, the imaginary world the participants created about themselves over the years of accepting who they are

suddenly becomes unstable and long-held meanings that signify things are ripped apart, which Lacan deemed at the 'Quilting Point'. At this point, nothing is ever the same again for the women and their sense of reality is shaken up; they cannot go back to how things were before. The aftermath is the rebuilding, with new signifiers attached and new quilting points made. The participants may have had features of their unconscious break through into the conscious and are given meaning, allowing new realisations. The imaginary image that the participants projected before is now different, and it can never be the same as it was, and they see things differently. Even though the participant knows this about themselves, they are, in Lacanian terms, still trying to understand themselves. That never ends and will continue beyond the knowledge that they have ADHD. The essence of themselves as a subject within the field has changed forever.

In the third part of the discussion, the participants were rebuilding after the event. Some participants have tried to create good from this knowledge; order has been created when signifiers have been attached, and the symbolic order settles and creates new meaning. The unwanted signifiers are then pushed away or abjected, vomited into the unconscious.

This research has allowed me to reflect on my own experience of gaining an ADHD diagnosis and how it has had an impact on my life. I have gained many benefits from hearing the women's stories, and I have considered commonalities that we have, as well as aspects that we did not share. Each of the women's stories is different, even if there are similarities and there will always be a different way of telling a story, and they cannot be generalised. However, when I listened to their stories and read their transcripts, I could make more sense of my own difficulties with ADHD. I feel like we have a long way to go in earlier diagnosis but also in acceptance that it is a condition that persists into adulthood and can significantly impact a range of areas of life, as most of my participants and I found.

6.2 Response to the Literature

Even though I chose to interpret the women's narratives using the theories of philosophers such as Bourdieu, Lacan, and Kristeva, it is helpful to consider some of their experiences in relation to aspects from the literature review.

Each of the women's accounts of how their ADHD symptoms had impacted their lives differed, which reflected the impact of their unique physiology, socialisation, and life experiences. Emma's perspective was that her ADHD symptoms had positives, such as her intense energy and vigour for her work, linking to Ginapp (2020). She did not depict the sadness, frustration, and grief the others did, with the latter point said to be experienced by those with a late diagnosis (Young et al., 2008). Positivity such as Emma's is not well documented in the research and contradicts Hoogman et al.'s (2020) conclusion that there are no or limited positives to ADHD; instead, this aspect of her narrative aligns more with Sedgwick et al. (2018) who pointed out benefits that include hyperfocus, which relates to positive experiences of Emma, Kate, and Dawn. Dawn and Emma's description of their effectiveness in one of their career choices in the medical field was very positive, with links made to ADHD in terms of resilience and the ability to deal with chaos (Ginapp, 2022; Schreuer & Dorot, 2017). Sarah's description of her entrepreneurialism was also positive and corresponds to Lerner et al. (2019) and Wiklund et al.'s (2016) research; however, she admitted to losing interest in her businesses once they had become successful, which suggests a link to the hyperactive/ impulsive symptoms of restlessness and excessive impatience (NHS, 2021). These positive examples relate to the importance of someone with ADHD in finding a suitable line of work that matches their symptoms (Canela et al., 2017).

In addition, Dawn spoke about how much fun she had playing silly games in an office environment, which she described as "fun and distracting and interesting", which links to positives of hyperactive/ impulsive symptoms put forward by Ginapp (2022). However, she realised after her diagnosis that she was more than likely challenging to work with.

Other than Emma, who seemed to have been fortunate in her experience with ADHD, the women had many difficulties in their lives. Sarah, Michelle, and Jasmine described their inability to hold down a job, as stated in the APA (2013). Michelle's description of her brief moves between different fields of employment linked to Nadaeu et al.'s (2015) research, stating that women with ADHD tend to move between inappropriate career paths.

Sarah experienced intense feelings of shame at her failures in the workplace, which link to Painter et al.'s (2008) research.

None of the women described break-ups in their relationships caused by their ADHD symptoms, which is suggested as a pivotal reason in research (Biederman et al., 1994).

Sarah and Kate described splits in their relationships when they realised they have ADHD, with Sarah describing leaving an emotionally abusive relationship. The latter links to Hinshaw et al.'s (2022) research findings of higher instances of domestic abuse where there is a partner with ADHD.

Their narratives painted a mixed picture for those with children, such as Michelle, Kate, and Jasmine. Only Jasmine described difficulties, which does not mean the others had none; it may be that they did not talk about this aspect of their lives during the interview. Jasmine attributed symptoms of her ADHD to feelings of not coping as a single mother, which, although she did not divulge many specific examples other than the rugby mums, her experience could correspond to Nadeau & Quinn's (2002, p. 1) statement that single motherhood for a woman with ADHD puts her at risk of "chronic exhaustion, emotional depletion, and overwhelming chaos". Additionally, Jasmine discussed how she found meeting societal expectations placed on mothers more challenging due to her ADHD, which could cause her low self-esteem (Weiss & Murray, 2003; Stark et al., 2016), especially when comparing herself to others. Sarah described how her children also have ADHD, which relates to the assertion that ADHD is caused by genetic factors (Hinshaw & Ellison, 2016). For Michelle and Kate, although they found organisation to be an issue, I got the impression

that motherhood had not been excessively difficult, which may be down to the children showing similar traits, which aligns with Perez-Algorta's (2018) ascertainment that the parent shows more empathy towards their difficulties, lowering the chance of stress and conflict. The need for a rigid structure in some aspects of motherhood may benefit a woman with ADHD (Canela et al., 2017), which Michelle described.

The diagnosis benefited all participants, with descriptions linked to Young et al.'s stages. For example, Dawn described a grieving process, yet the ability to try medication had changed her life, as well as Kate and Michelle's relief, elation, and acceptance.

6.3 Limitations of the Research

I recruited six volunteer participants from various backgrounds and locations in England for this study whom I gained from social media. The strategy of gaining participants with the assistance of a specialist NHS ADHD service changed due to their non-engagement. Although working with the NHS to recruit participants added a layer of authenticity, the social media strategy worked very well, and my study quickly gained interest. A limitation of the selection process was that it was based on accepting those who responded first to the advert, meaning I could not select a diverse range of participants. The final selection was all white and, therefore, not reflective of other ethnic groups.

Additionally, the narratives were collected in a single interview with the participant in person or via a Zoom call. Therefore, a follow-up interview and checking the transcripts' accuracy would have added confirmability (Lincoln & Guba, 1985).

Using the life-story and focused conversation methods produced interesting and valuable data from the women; however, there are limitations to this because the participant

constructs a version of their story for the day of the interview, and this could differ if told on another day or to another interviewer (Horsdal, 2016).

The lack of my input in the life-story section of the interview could be limiting because the women could wander off-topic. Additional questions and probing may have pinned specific points down, and I could have employed a more standard semi-structured interview; however, this may have produced less authentic information as the participants would not necessarily talk through the stages of their lives in as much detail.

6.4 Ideas for Future Research

Following Attoe & Climie (2023) and Hinshaw et al.'s (2022) assertion that there is a requirement for further research into women with ADHD, the following paragraphs provide ideas that are based on this project.

Research employing a longitudinal methodology would help investigate how women diagnosed with ADHD in adulthood navigate their lives going forward and how the knowledge of their diagnosis shapes their sense of self. Additionally, research into the impact of a late diagnosis of ADHD on specific stages of a woman's life, such as perimenopause, menopause, or their children leaving home, would add research that is not currently available. A replication of the methodology used in this project would be a useful way of exploring different populations of women with ADHD, for example, those in retirement, old age, or with a greater ethnic diversity of participants or a focus on a specific ethnicity. Research using a narrative methodology is described as valuable in "capturing the detailed stories or life experience of a single individual" (Creswell, 2013, pp. 73-74) and research that adds to this limited field (Shatell et al., 2008) would be beneficial.

6.5 Contribution to the Body of Research

This project adds to a body of research into ADHD dominated by male children with hyperactive, impulsive behaviours (Waite, 2010; Williamson & Johnston, 2015). The narrative methodology enabled six women with a late diagnosis to tell life stories that had not been told before or interpreted using the theories of Bourdieu, Lacan, and Kristeva.

Using a narrative methodology has responded to Lynch & Davison's (2022) evaluation that research into women's experiences of living with ADHD is limited. Hinshaw et al. (2022) concluded that research into women's parenting experiences and perimenopause is required, which one of the participants and I discussed.

6.6 Final Thoughts

As a female diagnosed in her late 30s, I have often wondered whether an earlier diagnosis would have changed anything. Upon reflection, even though I attribute setbacks and struggles to ADHD, I believe I may not have achieved what I have in my education and career had I been diagnosed. I may have attributed these difficulties to internal factors, which would have increased the likelihood of learned helplessness (Maier & Seligman, 1976; Weiner, 1986). However, this is not to say that a diagnosis would not have had a positive impact.

I have managed my ADHD out of sheer willpower and stubbornness, putting twice the effort in as others, but also feeling that I was just as capable as anyone else; if only I could get started on my work or focus and remember things when needed. I have always felt like there is another level of my

brain that I cannot access, which is infuriating. Although I have not gone into detail about some of the issues I have faced, I am stronger and more resilient as a result. In my 40s, I now have some coping strategies; however, it is an enduring condition. I am now proud to state that I have ADHD in the hope that it may help someone. It is also quite helpful to think that in the 80s and 90s, when I was at school and university, ADHD was not diagnosed in many people. Therefore, whether a diagnosis would have changed anything for me is mute. I believe that had I received an earlier diagnosis, in my 20s or 30s, I could have attributed some of my behaviours to the condition, which may have made me feel like I was not lazy or incapable. I would also have been able to advocate for others with ADHD much earlier, which is what I now do in my role in higher education. Had my diagnosis come when I was a child, I do not think I would have achieved everything that I have.

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Appendix A



INFORMED CONSENT FORM AND PARTICIPANT INFORMATION SHEET

Project title: A narrative construction of self-identity in women diagnosed with ADHD in adulthood

Thank you for showing an interest in this project. Please read all the information in this leaflet carefully. Please consider whether you wish to take part in this project. Participation in this study is entirely voluntary. You will be asked to sign this form if you decide to participate. If you do not wish to participate, please appropriately discard this leaflet or hand it back to the researcher. Regardless of your decision, I thank you for your time.

What are the aims of the project?

- To explore experiences of ADHD in women in relation to pre- and post-diagnosis
- To explore the concept of 'self' and 'identity' of women diagnosed with ADHD.

What will you be asked to do?

If you agree to take part, you will be asked to participate in a life-history interview that will ask you to describe how ADHD has impacted your life. There will also be a section of the interview called a 'focused conversation', which will include a discussion with the interviewer (who also has ADHD) to have the opportunity to share experiences. The interview will be audio-recorded and stored on a password-protected device. Each interview should take approximately 45 minutes to 1 hour.

Risks and discomfort

This research will investigate your experiences and thoughts on how ADHD has impacted your life. The only risk may be discomfort based on your reflections on the research area. If you experience any degree of discomfort at any stage of the interview, please raise this with the researcher.

Safety

As the chief researcher, I must consider your social and psychological well-being. If you feel that these are at risk and wish to withdraw from the study, you can do so at any time without explaining your reasons to the chief investigator, Rachel Black.

Injury

It is unlikely that you would get injured during this study as it does not require you to do anything physical.

Benefits

This study hopes to develop an understanding of how women with ADHD explain how it has shaped their self-identity.

Can I withdraw from this study?

You can change your mind and decide not to participate at any time. If you choose to withdraw from the study, you do not have to give any reason for your decision, and you will not be disadvantaged in any way.

What information will be collected, and how will it be used?

This project will collect data from the interviews using an audio digital recorder. The data collected from the interviews will be qualitative (your thoughts and feelings), and the data will be transcribed, analysed and written up as part of an EdD doctoral assignment.

The findings of this project may be published; however, your anonymity will be thoroughly guarded, and I promise complete confidentiality. A copy of the results will be given to you upon request. After completion of the study, the raw data will be deleted.

Should you require further information, please do not hesitate to contact the Chief Investigator, Rachel Black, via e-mail (1624677@chester.ac.uk), Dr Lynda Hine (lynda.hine@chester.ac.uk) or Dr Chandrika Devarakonda (c.devarakonda@chester.ac.uk), academic supervisors.

Statement by participant

- **I have volunteered to take part in this project**
- **I know I can withdraw at any time without being disadvantaged**
- **I am satisfied that the results will be stored securely**
- **I know that the results may be published, but they will not be linked to me**
- **I am aware of any possible risks and discomfort**
- **I agree to inform the researcher immediately if I feel uncomfortable**
- **I have had the chance to ask questions regarding the study**
- **I know that I will not receive any money for taking part**
- **I agree that the researcher can record the interviews using an audio digital recorder**

I have read and understood this form. I agree to take part in the project entitled: 'A narrative construction of self-identity in women diagnosed with ADHD in adulthood.'

Participant Signature:

Date: