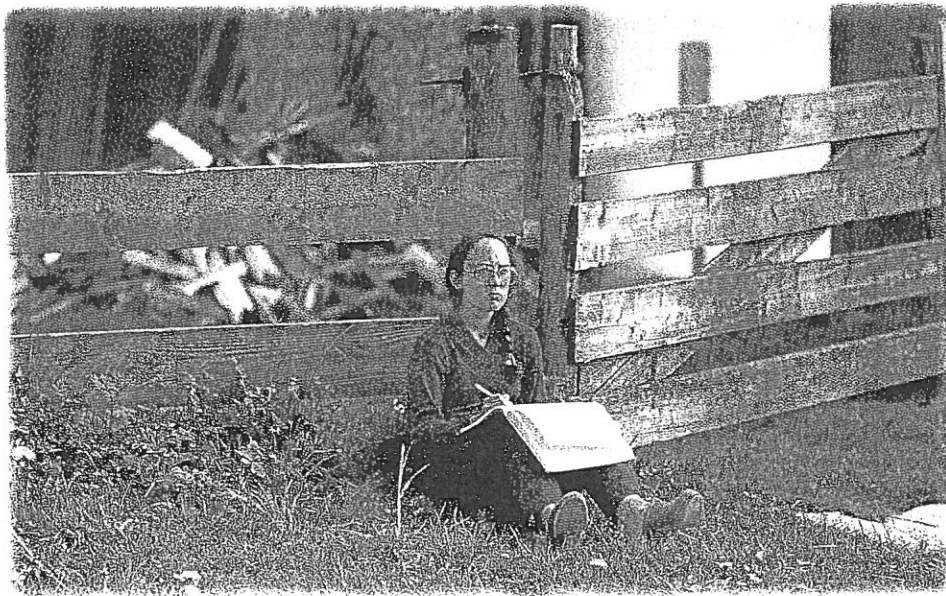


Are Girls with AD/HD Socially Adept?



Are girls with AD/HD as socially adept as their peers? The results of the first big study of AD/HD in girls was recently published and the results suggest that, like their male peers, AD/HD girls also have social problems. The study (Biederman, 1999) indicates that AD/HD girls have poor family relationships, are more addicted to substances than their male counterparts,¹ and are having significant learning problems.² While the Biederman study indicates that 50 percent of the girls studied had significant secondary significant psychological problems (co-occurring conditions) and significant learning problems worthy of further study, this article will focus on why girls might be having more social problems.

To understand why, we need to think of gender differences and the social rules that apply in female social interactions. While AD/HD is defined by the characteristics of impulsivity, distractibility and hyperactivity, other personality traits are associated with the disorder: being bossy, aggressive, outspoken, problems modulating emotional expression and problems using body language appropriately. The premise of this article suggests that girls with AD/HD have more social problems than boys with AD/HD because the AD/HD personality traits are less acceptable in female social interactions.

Despite individual differences, males and females collectively operate by different social rules. This was

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most clearly stated by Maccoby (1974, 1988, 1990). Maccoby studied social behavior by observing groups of girls and groups of boys to determine what social rules were used. One of her findings concluded that boys played games in which there were clearly defined rules or hierarchies. (An example is team sports which operate by clearly defined rules.) Maccoby found that when conflicts arose, boys were motivated to resolve conflicts so that the game would continue. In contrast, young girls tended to play games that involved relationships and cooperation. When girls had conflicts, it tended to end the play.

Other female psychologists defined social gender differences. Gilligan (1974) found that females valued relationships and even defined themselves within a web of relationships (Gilligan, 1974; Josselson, 1987; Chodorow, 1978). Tannen (1990), a linguist, referred to females using what she termed "rapport talk" (versus "report talk" for males). Female social rules place a greater value on cooperation, listening, care-taking and relationship maintaining activities (sharing, empathizing, remembering events of significance to the other). If cooperation is so significant in female interactions, do the traits of AD/HD make females less cooperative?

AD/HD females appear to have specific problems in five areas: 1) appearing uninterested because of poor listening skills; 2) displaying poor management or expression of anger or moods; 3) bragging or being outspoken and appearing self-involved; 4) forgetting appointments or being late; and 5) failing to show interest by NOT remembering or checking with their friends about their feelings, relationships or reactions to events that have occurred in their friends' lives.

Regarding the skill of listening, females are supposed to know how to listen. Those who have learned how

to listen know that listening has two parts: hearing the words and letting the person know that you have heard him/her. Many children with AD/HD do the first part, but skip the second part, the acknowledgment. They don't take time or are unaware that a response is necessary. In "rapport talk," the "uh huh," the positive comment or the empathetic remark lets the person know you are following their words (Tannen, 1990). Listening requires taking the time to let the other person be the center of attention by focusing on the topic. Many children (and adults) with AD/HD want to interrupt or change the topic and tell how they were affected or reminded of an experience they had. Unfortunately, changing the topic or telling personal associations with the topic makes the AD/HD female the center of the conversation. Many people perceive this as selfish, self-centered or just uninterested. While it may be the AD/HD girl's intention to show interest, it is frequently not interpreted in this way. Since being a good listener is valued in female social interactions, what happens when the female doesn't appear to listen?

Another elusive female rule is how one handles anger or disappointment. Among middle-aged females (the pre-women's liberation group), the rule used to follow that one should avoid expressing anger directly. (Disappointment was all right, but direct anger was too threatening.) Certainly, the rule has changed to some degree among younger females who express themselves easily when they are angry. Younger females, in general, seem less concerned about being tactful or hurting someone's feelings (although there is certainly wide variation among females related to education and culture). As one intelligent, well-educated, fourteen-year-old female said, "It's okay to be angry, as long as you aren't angry all

the time." However, if some of the television talk shows indicate normative behavior, it is certainly more acceptable to express anger than it was 30 years ago.

One of the problems that people with AD/HD have is mood regulation and modulation of expression. People with AD/HD frequently have trouble expressing too much anger or negative emotions.³ Maedgen's research (2000) concurs with my own experiential observations that people with AD/HD have less ability to effectively mask or regulate their expression of feelings when angry or disappointed. When upset, they are less willing or able to keep their negative feelings in check. If AD/HD females are more aggressive, moodier or more exceptionally expressive with their moods than their peers, these traits maybe less acceptable to their peer group.

Impulsivity is a hallmark trait of AD/HD. Impulsive people often fail to filter their thoughts. (Richard Lavoie called this, "In the mind, out the mouth.") They often speak without considering how their words may affect another person. Whether it is an honest comment about someone's flaws, or a complimentary statement about their own abilities (seen as bragging), the lack of consideration is often experienced by others as too harsh or uncaring. Without intending to hurt another's feelings, the AD/HD person often finds that he/she has offended someone.

Most children learn by age six that they aren't to brag about their positive traits or attributes to others. Many children with AD/HD seem oblivious to this rule. Instead of telling someone, "My new haircut looks good," many females will ask a question such as, "How do you like my new haircut?" The question is intended to elicit a compliment. No one really expects the viewer to say, "Gee, I liked it better the other way," but that is

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exactly what the AD/HD person might say and they may even make a face to emphasize their negative remark.

A teenage client recently told me that she was having trouble with the other girls in her class. I overheard some girls talking about her and they were complaining about her constant bragging. The girls were tired of hearing her talk about herself and what she was interested in; they didn't feel that she showed appropriate interest in them.

An obvious AD/HD trait that can sour relationships is forgetting appointments or being late. When girls with AD/HD forget a date or are always late, the other person often interprets the behavior as a lack of respect for their time or their feelings. Rather than understand the AD/HD person's difficulties with organization or making transitions, most people conclude that the girl doesn't care about them when she is forgetful or late.

Another relationship-building skill that females frequently use is to see what has happened with the various relationships or activities in which their friends or family are engaged. Many AD/HD people travel so fast through their lives that they: 1) don't stop to remember what has occurred to their friends, and 2) are too busy (or too forgetful) to ask questions about their friends' feelings or perceptions of the events that have occurred. If the expectation is that people should remember or comment on their friends' personal history, failure to do so can be often interpreted as lack of caring or boredom.

Many of the traits of impulsivity and poor mood regulation lead to offending behavior. Instead of building rapport, AD/HD girls often alienate others. Being blunt, failing to anticipate the effect of what they say, failing to listen and respond, forgetting dates or being consistently late, failing to modulate one's expression of aggression or disappointment, and failing to keep a personal history of a friend's activities and concerns, are traits that alienate

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people. Many people with AD/HD display these behaviors. However, since females expect other females to be skilled in building rapport, females with AD/HD are more likely to receive criticism or be excluded from their peer groups if they do not perform these friendship skills.

Perhaps the next study that emerges on this subject will examine the problems that women with AD/HD face. Are some of the problems related to being less skilled in rapport building skills? Are these

problems more prevalent in a specific subtype of AD/HD? Does the lack of early identification make these problems worse? Are females being treated and diagnosed on a par with their male counterparts? Hopefully, researchers will conduct future studies that demonstrate how females with AD/HD are faring and how they can be helped to live successful lives.⁴



Dr. Janet Z. Giler is author of the "ADDept Social Skills Curriculum," producer of the training video, "From Acting Out to Fitting In," and publisher and author of "Socially ADDept, A Manual for Parents of Children with AD/HD and/or Learning Disabilities." More information on her work is available at <http://www.addept.org>. (Janet Z. Giler, 2000.)

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- ¹ Lack of treatment has been shown to correlate highly with substance abuse. The study wasn't clear about how many girls were or were not on medication or receiving treatment.
- ² The study showed that girls with AD/HD were 16 times more likely to have repeated a grade in school and almost 10 times as likely to have been placed in special educational classes than the normative group.
- ³ I was told by an astute 14-year-old female, that being aggressively angry is now o.k. among her peers, as long as you aren't that way a lot.
- ⁴ In my book (Giler, 2000) I discuss five areas of weakness for children with Learning Disabilities and AD/HD. They are: 1 – lack of knowledge of the rules of social interactions; 2 – lack of adherence to the rules; 3 – misperceiving body language, tone and space; 4 – lack of listening; and 5 – over-reacting to teasing. A premise of *Socially ADDept* is that some children need direct instructions in social skills which includes defining social rules and social expectations. Some children need demonstrations and practice to know how to implement these skills. A recently published study by Maegen (2000) concurs. Her findings show that different AD/HD subtypes need different interventions with the Inattentive and Combined type needing more direct instruction in social skills.