

Our Deficit of Attention for Girls & Women with Attention Deficit Hyperactivity Disorder

“Most people don't realize that some people expend tremendous energy merely to be normal.” - Albert Camus

“I'm the smartest dumb person I know. I'm one of those messy purse girls.” – Cynthia Taylor

Startlingly large numbers of females with Attention Deficit Hyperactivity Disorder (ADHD / ADHD) are undiagnosed, misdiagnosed, and/or untreated until adulthood. (Waite, 2007, p116) This oversight is largely due to the current definition for ADHD – as provided in the fourth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) – being very male biased. This is compounded by the fact that girls with ADHD tend to display less overt and disruptive symptoms than boys with ADHD, making them far easier to overlook. Being overlooked in this manner has devastating effects that extend far beyond the direct symptoms of ADHD, with dramatic implications for these women's health, personal relationships, happiness and ability to thrive. If, however, these women are diagnosed, treated and exposed to the testimonies of other women with ADHD, there is hope for their success in all aspects of life.

When girls with ADHD go undiagnosed until adulthood it has a profound impact on their lives. These girls/women develop strategies to hide their deficits, but having to do so creates feelings of shame, low self-esteem, and learned helplessness. (Taylor & Keltner, 2002) As they hide their deficits, these girls/women become increasingly socially withdrawn. “Too often, women affected by ADHD blame themselves and internalize their frustrations that further enhance thoughts such as, *this is my problem, my fault, nothing is ever going to be better for me.*” (Waite, 2007, p119) Let's consider the development of self-esteem for a moment. “Self-esteem is a measure of how much you like and value yourself.” (Matlin, p120) Obviously, these individuals already feel as if something is wrong with them. They wonder. *Why can't I do things that other people (often less intelligent/capable people) do so easily?* They grow confused and ashamed, which carries over to their personal relationships. Intimate conversation, loyalty and trust are important to women's friendships. (Matlin, 193) However, if women with ADHD are so ashamed by the frustrations they encounter in daily life, and their inability to rise above them, that they try to hide that aspect of themselves from other women, they forgo the bonding experiences normally found between girls/women. Self-disclosure is essential to the development of these friendships (Matlin, p193-194), which would normally play an important role in the healthy development of one's self-esteem. (Surrey, p63) Just when most females are exploring new relationships and developing new friendships marked by mutual empathy, mutual interest and mutual respect, girls/women with ADHD are trying to hide the reality of their lives from others out of shame and frustration. Sadly, social withdrawal isolates these girls/women from the potentially healing process of mutually empathetic relationships. (Surrey)

Being overlooked in this manner has dramatic implications for women with ADHD, especially in relation to their self-esteem, ability to form/maintain relationships with others, ability to have successful careers, and their physical health. Let us consider, for a moment, the analogy drawn in *Messy Purse Girls*, the metaphorical separation of girls

into two categories, the "neat purse girls," and the "messy purse girls." "It serves as a paradigm for society's concept of the ideal woman, as well as a reminder of the many unwritten cultural expectations associated with being female (read: feminine). One assumes the neat purse girls are organized, responsible, on top of things, intelligent, competent, independent, and capable of meeting the demands of everyday life. The neat purse girl makes good grades, she might be head cheerleader, homecoming queen, student body president, in the drama club – a woman one imagines could head a Fortune 500 company, serve as president of the PTA, and have a wonderful marriage and family. Of course, there's no real correlation between having an organized purse and having an organized life, but this feminine archetype has the uncanny ability to make many women feel inferior. As the messy purse girl wonders, *'What does 'she' know that I don't? Why am I so different? What's wrong with me?'*" (Taylor, p73)

"Unfortunately, for some of these (young) women, "messiness" extends far beyond the purse; everything feels messy – her thoughts, environment, relationships, purpose and direction in life – and because of this, her self-esteem plummets. She's aware that some-thing's amiss and she learns at an early age to avoid calling attention to herself and her inadequacies. By overcompensating and making desperate attempts to fit in, she often can appear "normal." Although these women might appear normal, they are struggling to get by on a daily basis. This struggle to hide their inner chaos leads to depression, anxiety, social phobias, eating disorders, and substance abuse, all of which masks the underlying problem: attention deficit hyperactivity disorder. And this is a tragedy because, in being misdiagnosed, or not diagnosed at all, every-one is missing out. These messy purse girls have much more potential than the state of their purses might suggest." (Taylor, p73)

Symptoms of inattention are commonly misinterpreted as altogether different disorders and coexisting anxiety and depressive disorders often mask an individual's underlying ADHD. Women struggling to manage the symptoms of undiagnosed ADHD experience "limited functional capabilities (Quinn, 2008)." (Waite, 2009, p182) Meanwhile, other women have been misdiagnosed and "receive unnecessary or inappropriate help." (Waite, 2009, p185) "Poor detection of Attention Deficit Hyperactivity Disorder in women has serious consequences that permeate the lives of these individuals (Solden, 1995). Consequences include psychological and academic impairments, low self-esteems, impaired social relationships, general demoralization (Quinn, 2005) and pronounced difficulties at school/work. Women with undetected ADHD also engage in more risk behaviors with serious outcomes, such as substance use disorders, traffic accidents and injuries, increased promiscuity, and increased healthcare utilization (Barkley, 2002; Quinn). In Addition to organization problems and inattention, women with ADHD experienced dysphoria. Dysphoria is described as a reactive moodiness, (which is not the same as a vegetative depression.) (Stein et al., 1995) Additional studies have demonstrated that women tend to experience greater psychological distress, including depression, anxiety, and a poorer self-concept (Arcia & Connors, 1998; Katz, Goldstein & Geckle, 1998; Rucklidge & Kaplan, 2000)." (Waite, 2006, p119) This research illustrates the pervasive, widespread impact that undetected/untreated ADHD often has. It affects emotions, social relationships, performance ability (academically, professionally & otherwise), and self-esteem. Uncontrolled, it can devastate individual lives and render the individuals incapable of actualizing the solutions to their problems.

“Until recently, ADHD was seen only as a childhood disorder that affected mostly affluent young Caucasian males (Schneider, 2007; Waite, 2007).” However, research continues to redefine our understanding of ADHD. We now know that 30% to 70% of individuals diagnosed with ADHD in childhood continue to display significant distress in adolescence and adulthood (Barkley, 2006; Barkley, Fischer, Smallish, & Fletcher, 2002; Spencer, Biederman, & Mick, 2007).” (Waite, 2009, p547) Unfortunately, the current DSM-IV definition of ADHD is very male-biased. Adult men commonly experience issues related to conduct problems, stress intolerance, poor social skills, learning difficulties, and attention problems (Stein et al.). This male-centric definition of ADHD causes many girls/women to be overlooked. The DSM-IV fails to accurately include/describe symptoms common among females with ADHD. It also excludes the unique experiences and challenges the girls/women with ADHD face. The current DSM-IV definition for ADHD also stipulates that symptoms of ADHD should be present by the time an individual is seven years old, however, this requires adjusting. Girls commonly do not exhibit overt symptoms until much later, in some cases, “just as boys' symptoms are beginning to diminish, girls' are beginning to appear.” (Taylor, p70) Research has also “demonstrated consistently that there is bias for gender differences for children who exhibit aggression or hyperactivity without symptoms of inattention.” (Waite, 2010, p184)

There are currently two types of ADHD defined: the hyperactive/impulsive type and the inattentive type. (Waite, 2010) Behaviors that many people commonly associate with ADHD usually typical of the hyperactive/impulsive type. Boys are far more likely to have the hyperactive/impulsive type of ADHD. Girls, on the other hand, are far more likely to have the inattentive type of ADHD. (Waite, 2010) Teachers and primary care practitioners (PCPs) are the first line of defense when it comes to recognizing children exhibiting ADHD symptoms, yet they often fail to recognize the less well-known, less disruptive symptoms exhibited by girls. Consequently, these girls are left to struggle silently, unnoticed and undiagnosed into adulthood. This oversight explains why “more adult females than girls are being diagnosed with ADHD.” (Taylor, p70)

Those with inattentive type ADHD can appear to be ‘daydreamers' and can be easily overlooked, despite being typically anxious and depressed (Naudeau, 2002). (Taylor, p183) Unlike those with hyperactive/impulsive type ADHD, those with inattentive type are the least likely to exhibit behavioral problems. Consequently, they are the least likely to be clinically referred and their intelligence often is underestimated. (Taylor, p70) “In accordance with the DSM-IV-TR criteria, inattention can include varied factors including: (a) failing to give attention to details; (b) being easily distracted or forgetful; (c) seeming not to listen to or follow through on instructions; (d) having trouble organizing tasks; and/or (e) losing things (e.g., house keysⁱ, glasses, homework). On the contrary, hyperactivity can be seen as restlessness, aimlessly running about, having trouble engaging in leisure activities, or talking incessantly.”

“Perhaps the most significant reason women with ADHD are overlooked is that they do not fit the typical stereotype exemplified by the hyperactive male. Unlike disruptive, "hyperactive" boys, these girls are shy, withdrawn, compliant "people pleasers" whose attempts to fit in can create a barrier to diagnosis. They often are seen as "good little girls," never displaying disruptive behavior or calling attention to themselves. They realize something is wrong with them, but there is considerable societal pressure to appear normal. They internalize their feelings of inadequacy, which leads to guilt and shame, a common denominator among women with ADHD. They are often

able to get by at school, and because they don't display traditional ADHD symptoms, it's unlikely they will be referred for treatment. Every year that goes by without a diagnosis can lead to secondary emotional problems, relationship difficulties, and feelings of under-achievement (Solden, 1995).

“The empirically derived diagnostic criteria for ADHD as set forth in DSM-IV-TR represents a significant advance over previous taxonomies; nevertheless, a number of persistent problems have emerged with clinical application of this diagnostic scheme. The current diagnostic criteria for ADHD were developed for children, and few are suitable for assessment and diagnosis with adults. Problem areas in the criteria include symptom descriptions, diagnostic threshold cutoff, gender bias, an individual’s developmental course, and age at onset.” (Waite, 2010, p185) Even as adults, the DSM-IV diagnostic criteria make it difficult for adult women with ADHD to be diagnosed and find treatment. Recommendations are needed “for heterogeneity of subtypes and influence of cultural and environmental contextual considerations (Stefanatos & Baron, 2007). Given the significant implications for women, it is important that clinical practices and educational institutions, including postsecondary settings, recognize the particular needs of women learners and be alert to health-related dynamics that may stem from ADHD symptoms.” (Waite, 2010, p185)

“The consequences of misdiagnosis or missed diagnosis are important because of the potential negative impact on young women’s everyday lives, including: (a) diminished self-image and self-esteem; (b) less developed or undeveloped interpersonal sensitivity skills and awareness of relationship dynamics; (c) decreased information processing skills, such as the ability to retain important information and filter out what is unnecessary; (d) inability to plan and organize effectively without feeling overwhelmed; and (e) increased emotional reactivity (Erk, 2000). All of these factors can potentially influence maturity, career goals, work personality, and work competence.” (Waite, 2010, p185)

Self-loathing, chastising thoughts are common among adult women with ADHD – especially among women who are undiagnosed, untreated, isolated, unsupported or suffer in silence. These thoughts often echo what they have heard throughout their lives from others. The difficulties experiences by women with ADD are often criticized or dismissed by non-ADD individuals. Women with ADD are often told that everything from exercise to discipline will solve their “problems”. Such comments are often painfully dismissive and critical, failing to acknowledge the legitimate, overwhelming challenges women with ADD face. In her book *Women with Attention Deficit Hyperactivity Disorder*, Sari Solden talks extensively about the shame, fear and secrecy common in the lives of women struggling with ADHD. Solden describes how these women live in ‘the closet’, desperately trying to keep up what she dubs ‘the mask of competency.’ hiding the fact that they are constantly struggling just to function at the same level that other (often less intelligent/capable) can easily maintain. Many adult women with ADHD spend every weekend working to impose order in their chaos, putting out the “fires” they have created or neglected during the week. To add insult to injury, not only do these women have to work all weekend every weekend, but they also often feel such a deep sense of shame about their need to do this: terrified of being seen as a slob, as a burden, as taking no pride themselves, as having let themselves go, as not caring, or as self-centered. So scared, in fact, that they maintain a façade to hide their shortcomings. They keep others slightly at bay, fearing that they will be found out,

that they are imposters, which further isolates them from others. When these women are managing to excel, it feels so good to be seen as competent that the last thing they want to do is let someone know how challenging it is for them, often fearing that others will leave, deciding that they are not worth the effort. Consequently, they are also rarely able to ask for the help they desperately need. (Solden, 1995)

This isolation and constant keeping up of appearances keeps such women from forming relationships that are mutually empathetic and empowering. Their shame keeps them allowing people to get too close, from admitting their difficulties. Sadly, keeping up this front and keeping others at bay, only further exacerbates their self-esteem issues and loneliness. As we know, these experiences are also likely to manifest themselves physically and adversely affect their health. “Traditional gender role expectations also enhance distress as women struggle to fulfill cultural role expectations within society. With higher rates of divorce and single parenting, women are challenged to manage jobs and households, while trying to be consistent parents to their children and caretakers of family members (Nadeau, 2002). This reality promotes concerns regarding depression, interpersonal conflicts, and underachievement (Quinn, 2005). The spiraling effect between role expectations and symptoms of ADHD tends to produce feelings of powerless and self-deprecation, which further minimize a woman’s capabilities (Rucklidge & Kaplan, 2000)” (Waite, 2007, p119) “Gender roles can be seen to affect males with ADHD. However, males with ADHD, especially those who have families, are often nurtured by their wives, who tend to be organized enough to help both the husband and the children. In contrast, women who traditionally undertake an organizational role in the family can be quite devastated by the disorder (Adler, Dodson, Spencer & Salgo, 2005). Cultural expectations within the complexity of a woman’s daily life, in taking on more responsibilities, make these stakes higher even without ADHD (Manos, 2005). All too often, women and their families view these difficulties as merely a part of the stress of modern day living (Zamora, 2005).”

Far more extensive research on ADHD is also required if we are to fully understand the commonality and frequency of comorbid disorders. “For women, particularly, when diagnosis is given later in life, ADHD is a disorder that often is not seen in isolation (Quinn, 2008). Manifestations of ADHD and coexisting disorders that affect women may be different from those seen in men with ADHD; therefore, both genders require a careful assessment. The emerging picture of higher rates of comorbidities, particularly depression and eating disorders, associated with ADHD in women only underscores the psychological challenges that women with ADHD may experience as they struggle with society’s gender role norms.” (Waite, 2010, p192) It is also worth noting that ADHD adults, both male and female, have higher lifetime rates of depression than the general population (Biederman et al., 1993).” (Taylor, p71)

Most existing ADHD research do not even include women in the cohorts studied. Similarly, there is a huge need for more studies that focus on adult ADHD. Far more research is required as soon as possible, if we are to ensure that girls/women do not continue to be overlooked or continue suffering needlessly. Future research must take into account concerns focused on women from a lifespan perspective. For example, do multiple diagnoses (e.g., depression, anxiety) in women with ADHD represent fallout from years of undiagnosed ADHD difficulties, or are they true coexisting conditions? Are disordered eating patterns found primarily in women only recently associated

with ADHD because research has focused for too long on male-only populations—the result of impulsive symptoms, lower levels of self acceptance, or a combination of these and other factors? How do wider influences (such as community, environment, culture, economic, and policy) affect health for women with ADHD? What is the correlation between hormones (e.g., estrogen) and ADHD in women? One can only speculate what else will emerge as clinicians continue to conduct research that involves women with ADHD.” (Waite, 2010, p193)

“It is estimated that 4 million women (Quinn, 2005) are affected by ADHD yet remain undiagnosed (Zamora, 2005). Hence, additional research and improved education may facilitate early detection and treatment of ADHD among adults of all ages and ethnic/ racial backgrounds.” (Waite, 2007, p116) If, however, these women are diagnosed, treated and exposed to the testimonies of other women’s with ADHD, it is reasonable to hope for their success in all aspects of life. “Women with ADHD can and often do amazingly well given the multifaceted challenges they face in adult life. Recovery can further support some women’s efforts with promotion of their well-being. Thus, if not already in place, they can come to realize their desired futures with clear identities, can make and keep close relationships, and can get and keep meaningful work throughout their adult lives (Farkas, 2007; Granahan, 2008).” (Waite, 2010, p188) “With knowledge and support about ADHD, women can reevaluate life’s recurring difficulties, understanding that they can result from a set of neurobiologically driven behaviors that can be modified, rather than attribute these difficulties to poor character or laziness. Moreover, understanding how sociopolitical and environmental contexts shape women’s mental health is requisite. This reevaluation can provide an important shift in perspective for many women with ADHD and, thus, open up new hope for the prospect of change (Rucklidge & Kaplan, 1997).” (Waite, 2010, p193)

Given the multitude of women that were not diagnosed until adulthood, I sincerely hope that the psychological community acknowledges our present situation as a crisis that we have the ability to quell. Hopefully the DSM-V will not be considered complete until it includes ADHD’s definition and diagnostic process has been expanded to encompass the experiences of symptoms common to women with ADHD. In my opinion, it would be unconscionable to allow the current situation to continue. A DSM-V that clearly, accurately and thoroughly includes women would enable us to begin reeducating primary care physicians, teachers, and parents in order to ensure that we do not continue to overlook so many girls with ADD. I am sure our understanding of ADHD will continue to evolve, however, for now, lets at least not continue relegating young girls to half a lifetime of pain, frustration and isolation, which is what we do every time another girl with ADHD slips by undiagnosed.

SOURCES/BIBLIOGRAPHY

Could it be an attention disorder?. (2003). *Harvard Women's Health Watch*, 11(1), 2-3.

Cumyn, L. (2009). Comorbidity in Adults With Attention-Deficit Hyperactivity Disorder. *Canadian Journal Of Psychiatry*, 54(10), 673-683.

Fasmer, O. (2011). Adult attention deficit hyperactivity disorder is associated with migraine headaches. *European Archives Of Psychiatry & Clinical Neuroscience*, 261(8), 595-602.

Ferrari, J. R. (2000). Procrastination and Attention: Factor Analysis of Attention Deficit, Boredomness, Intelligence, Self-Esteem, and Task Delay Frequencies. *Journal Of Social Behavior & Personality*, 15(5), 185-196.

Grevet, E. (2006). Lack of gender effects on subtype outcomes in adults with attention-deficit/hyperactivity disorder. *European Archives Of Psychiatry & Clinical Neuroscience*, 256(5), 311-319.

Kelley, S. M. (2007). Exemplary Counseling Strategies for Developmental Transitions of Young Women With Attention Deficit/Hyperactivity Disorder. *Journal Of Counseling & Development*, 85(2), 173-181.

Matlin, M. (2011) *The Psychology of Women*. Wadsworth Publishing; 7 Edition

Montes, L. (2010). Clinical correlations of grey matter reductions in the caudate nucleus of adults with attention deficit hyperactivity disorder. *Journal Of Psychiatry & Neuroscience*, 35(4), 238-246.

Neuropsychological findings in adult Attention Deficit Hyperactivity Disorder : a pilot study. (1996). *Applied Neuropsychology*, 3(3/4), 181.

Surrey, J (1991) *The Self in Relation: A Theory of Women's Development*. Wellesley, MA: Wellesley College, Stone Center.

Taylor, E. L. (2002). Messy Purse Girls: Adult Females and ADHD. *Perspectives In Psychiatric Care*, 38(2), 69.

Waite, R. (2009). Unveiling the Mystery about Adult ADHD: One Woman's Journey. *Issues In Mental Health Nursing*, 30(9), 547-553.

Waite, R. (2010). Women With ADHD: It Is an Explanation, Not the Excuse Du Jour. *Perspectives In Psychiatric Care*, 46(3), 182-196.

Waite, R. (2007) Women and Attention Deficit Hyperactivity Disorder s: A great burden overlooked. *Journal of the American Academy of Nurse Practitioners* 19, 116-125

BOOK

Solden, S. (1995) *Women with Attention Deficit Hyperactivity Disorder* . Sari Solden, MS, LMFT

WEBSITE/ONLINE SOURCE

Watkins, Carol E. (2004) Treating Girls and Women with Attention Deficit Hyperactivity Disorder .
http://www.baltimorepsych.com/Treatment_of_women_and_girls_with_ADHD.htm

Attention Deficit Hyperactivity Disorder Association (ADHDA), [http:// www.ADHD.org/](http://www.ADHD.org/)

Children and Adults with Attention-Deficit/Hyperactivity Disorder (CHADHD), <http://www.chADHD.org/>

The National Center for Gender Issues and ADHD, <http://www.ncgiADHD.org/>

The National Resource Center on ADHD, [http:// www.help4adhd.org/](http://www.help4adhd.org/)