

Article

“Best Days of Our Lives?” Exploring the School Experiences of Women with ADHD Based on Diagnosis During or After School

Sorcha Walsh * and Vlad Glaveanu * 

School of Psychology, Dublin City University, Collins Avenue Ext, Whitehall, 9 Dublin, Ireland

* Correspondence: sorchawalsh02@gmail.com (S.W.); vlad.glaveanu@dcu.ie (V.G.)

Abstract

Attention Deficit Hyperactivity Disorder (ADHD) is a neuro-behavioural condition associated with limitations and deficits. Previous literature has largely focused on the lived experiences of males with ADHD. Despite a recent increase in studies on females with ADHD, there is a lack of empirical research on school experiences. This study aimed to address this gap in the literature by examining the perceived effect of ADHD on the school experiences of women. 13 women aged between 18–35 with a medical diagnosis of ADHD answered a series of questions in qualitative semi-structured interviews. Three were diagnosed during school and ten were diagnosed after school. The data was analysed using structured inductive thematic analysis. Four themes emerged, with sub-themes as follows: (1) Personal impact; the impact ADHD had on self-identity in school pre- and post-diagnosis. (2) Attitudes and opinions of others; how parents, teachers and societal attitudes on gender affected diagnoses and school experiences. (3) Friendships and relationships; how ADHD affected personality and socialising in school, and (4) ADHD and academia; the academic struggles participants faced whether diagnosed in school or not. The results suggest that ADHD contributed to negative school experiences for all participants. While the perception was that gender and attitudes towards ADHD in females often delayed diagnoses and that early diagnosis would have improved self-identity and school experience, results suggest even with early diagnosis, it is important that teachers are educated about the symptoms and deficits affecting females with ADHD and that schools provide resources to support female students with ADHD to ensure the best school experience.



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Keywords: attention deficit hyperactivity disorder; gender; self-identity; academia; social skills; school experience

1. Introduction

Attention Deficit Hyperactivity Disorder (ADHD) is a neurobehavioral condition classified in the Diagnostic and Statistics Manual of Mental Disorders 5 (DSM-5) as a “persistent pattern of inattention and/or hyperactivity-impulsivity that interferes with functioning or development” [1] (p. 73). ADHD was recognised as a disorder in the second half of the 20th Century [2], with the DSM III Revised first referring to ADHD in 1987 [3].

1.1. Symptoms and Classification

In most cases, symptoms manifest in childhood persisting into adulthood [4]. Symptoms vary during development, therefore differing for children and adults [5]. ADHD

symptoms in children often present as fidgeting, concentration issues and acting impulsively [6]. In adults, symptoms include forgetfulness, inability to prioritise and speaking out of turn [1].

Current classifications list three ADHD subtypes: ADHD predominantly inattentive (ADHD-PI), ADHD predominantly hyperactive-impulsive (ADHD-HI) and ADHD combined type (ADHD-C) [1]. Nussbaum [7] estimated ADHD affects 11% of children and 4% of adults. ADHD is associated with high rates of certain functional limitations, comorbid psychiatric disorders, increased rates of antisocial, addictive and anxiety disorders [8], and impaired cognitive performance in areas such as executive functioning and verbal memory [9]. Although there are several limitations and deficits associated with ADHD, it is diverse, and characteristics and symptoms exist on a spectrum [10]. Lesch [11] described some individuals with ADHD as high functioning, noting positive attributes such as eidetic learning, increased effort and hyperfocus, concluding that these may be strategies to counteract ADHD deficits.

1.2. ADHD and Gender

Historically, ADHD was perceived as a male-only disorder, leaving females undiagnosed [7]. Now, it is understood that many females present with ADHD persisting into adulthood [12]. However, rates of ADHD diagnosis remain lower for females, who tend to be older when finally diagnosed [13]. Hinshaw [14] posited this is due to historical gender bias and ADHD symptoms manifesting differently in males and females, with males exhibiting more externalising behaviours (leading to quicker diagnosis) such as constant movement in or disruption of classrooms, while females reportedly have fewer external hyperactive symptoms but have deficits in attention [14]. Inattentive behaviour exhibited by females with ADHD is less disruptive, which may exacerbate referral bias, worsening ADHD identification in females [15]. Sciotto and colleagues [16] found teachers were more likely to suggest that boys had ADHD than girls regardless of symptom type, even when girls showed similar impairment levels. Some ADHD traits—hyper-talkativeness, internal restlessness and emotional reactivity—are historically considered “female traits”; therefore, individuals in girls’ environments do not consider these to be signs of ADHD or may not notice their occurrence [7,14].

Previous literature and studies suggest that ADHD in childhood is more frequently diagnosed in males than females, and research states males are diagnosed between two and nine times more than females in clinical samples [7]. While this gender imbalance is not as prevalent in adults with ADHD, where an increased representation of females present with ADHD in adulthood [17], adult females are more likely to self-refer to mental health professionals regarding attention deficits, which indicates that childhood ADHD symptoms went unnoticed by carers [18].

Females with ADHD have higher rates of comorbidities such as mood and eating disorders, which tend to be treated, while concomitant ADHD symptoms are ignored or unrecognised [19]. Nadeau and Quinn [20,21] expressed concerns that the criteria for ADHD diagnosis in the DSM-IV [22] were more applicable to males than females and stated that females with ADHD-PI are often misdiagnosed with depression due to reporting low arousal levels, while females with ADHD-C may be misdiagnosed with bipolar disorder due to high levels of energy, impulsivity and verbal aggression. Babinski et al. [23] stated that female attention deficits were often misdiagnosed as other psychopathologies. Misdiagnoses and subsequent incorrect treatment can be damaging and distressing [24].

1.3. ADHD and Academic Achievements

Academic difficulties and lack of academic achievement are common among individuals with ADHD, leading to the disorder often being first noticed in school [25]. DuPaul and Stoner [26] stated that impairment in school is one of the biggest challenges facing children with ADHD. Research shows that children with ADHD achieve significantly lower grades and standardised test scores and experience higher rates of school dropout than their neurotypical peers [27]. Langberg et al. [28] categorised academic achievements as information and skills learned (measured using standardised academic achievement tests) and success within school settings (school grades, years of schooling completed and university success). Disorders like dyslexia, dyscalculia, dysorthography, dyspraxia and dysphasia affect 20–30% of children with ADHD, which can cause mild to moderate academic difficulties [29].

ADHD has been associated with cognitive impairments caused by deficits in executive functions [30], the processes that allow for problem solving and goal-directed actions [31]. Students with ADHD who experience difficulty focusing on school activities, completing homework, and/or studying for exams due to attention problems are more likely to struggle with learning than classmates without attention problems [32]. Working memory disorder can cause children with ADHD to struggle in school and with attaining academic achievements [33]. Alloway and colleagues [34] stated that working memory is an executive function, (explaining why working memory disorder can affect individuals with ADHD who have deficits in executive functions) further stating that working memory disorder causes individuals (usually children) with ADHD to have difficulty following instructions, understanding lessons, focusing on school or homework and concentrating on tasks, causing issues for children in school, which may lead to them dropping out. Kofler and colleagues [35] found that working memory disorders impact 81–98% of children with ADHD.

1.4. ADHD and Social Skills

Dowd and Tierney [36] defined social skills as ways in which people communicate, learn, build friendships, develop healthy relationships and interact with society. Individuals with ADHD commonly experience impaired social functioning or issues with social skills [37]. Socialising issues begin in childhood, continuing through adolescence into adulthood, stretching along the lifespan [38]. Research shows that children with ADHD-related hyperactivity and inattention issues are liked less and can experience social rejection and neglect by same-age peers [39,40]. Both male and female children with ADHD experience these issues [40], and although self-reporting may not suggest social issues, reports by teachers and other adult caregivers show higher levels of peer rejection, fewer friends, and fewer social activities for children with ADHD compared to peers [41,42].

Children diagnosed with ADHD tend to have more incidents of conflict with other children and adults compared to neurotypical children [43]. Children with ADHD have also been shown to have problematic relationships and friendships in general [44]. Children with ADHD-HI or ADHD-C who tend to be impulsive, sometimes behaving aggressively, may annoy or irritate peers while children with ADHD-PI are often socially withdrawn and (due to lack of empathy) may make inappropriate statements, hurting or offending their peers and leading to the breakdown of friendships [39]. Problems pertaining to social issues observed in children with ADHD seem to persist into adolescence and adulthood. Adults diagnosed with ADHD show similar social problems, such as fewer friends or difficulty maintaining friendships [45]. According to Mrug and colleagues [46], social rejection and difficulty with friendships has been associated with negative outcomes in later life for

individuals with ADHD, such as social impairment, anxiety and smoking. Conversely, friendship was associated with lower depressive symptoms and fewer negative outcomes.

1.5. ADHD and Self-Identity

Self-identity is the stable and prominent aspects of an individual's self-perception, and how individuals define themselves and their role within society [47]. ADHD has been associated with lower self-esteem and negative self-identity [48]. Brod and colleagues [49] found that people with ADHD were shown to be less compassionate and more negative towards themselves, with many perceiving themselves as "not normal" or "wrong". Issues with academic achievements, social skills and relationships may contribute to a negative self-identity and lack of self-esteem [50,51]. Identity formation occurs through interacting with societal expectations, especially those surrounding academia and socialising; therefore, identity formation may not occur for an individual with ADHD who does not meet these expectations [52]. Negative self-identity can exacerbate negative thoughts, leading to struggles with stressful events, and adults with ADHD reinforce their negative self-identity by developing maladaptive coping strategies such as procrastination or avoidance while remaining unable to cope with the core issue, the symptoms of their ADHD [53]. This cycle of negative behaviour and negative self-image leads to adults with ADHD having a negative self-identity [54].

1.6. Research Aim/the Current Study

Previous research has examined ADHD related to gender, academic achievements, social skills and self-identity, with various studies examining the perceived effects of ADHD on the school experiences of males [55–57], but there is a lack of empirical research on the perceived effects of ADHD on the school experiences of females and a paucity of ADHD studies with female participants [58]. Lynch and Davison [59] stated that this lack of female representation has led to a gender bias in existing literature, meaning the current understanding of ADHD may not accurately reflect the female experience of the condition.

The current study aims to address the gap in current literature, examining and exploring the school experiences (social and academic) of women diagnosed with ADHD (either during their school years or after school) and their difficulties and successes in school. It will investigate the perceived effect gender may have had on the timing of diagnosis. It will also explore the impact diagnosis had on participants' understanding of themselves and their identity in the context of their school experience using the research question "What are the perceived effects of ADHD, ADHD diagnosis/missed diagnosis and the age of ADHD diagnosis in women on primary and secondary school experience?" and sub-questions (a) "What are the perceived effects of gender in the diagnosis of ADHD?" (b) "What are the perceived effects of ADHD diagnosis on academic achievements?" (c) "What are the perceived effects of ADHD diagnosis on social skills?" and (d) "What are the perceived effects of ADHD diagnosis on self-identity?" The objective of this study is to provide greater insight into the topic of ADHD in women and to explore how the age of diagnosis and the disorder itself is perceived to affect academic success, social skills and self-identity, thereby affecting the school experience. It is hoped that this study will advance and expand research on women with ADHD (which is generally under-researched and underreported) and address the underrepresentation of females in literature on ADHD and the lack of literature surrounding the overall school experience of women with ADHD.

2. Materials and Methods

2.1. Design

A qualitative method of data collection was chosen to examine the lived experiences of individuals with a shared condition (ADHD) and the perceived effect of this on school experiences. Data was collected using in-depth semi-structured interviews with a set of broad open-ended questions allowing for flexibility and follow-up questions. This interview format is preferred when the study's aim is to comprehend unique perspectives and experiences rather than to gain a generic understanding of the topic [60]. Individual interviews lead to the extraction of in-depth information, and an understanding of participants' lived experience [61]. The methodological approach of thematic analysis (TA) was implemented. Thematic analysis is "identifying analysing and interpreting patterns of meaning or themes within qualitative data." [62] (p. 1). Ethical approval was granted by the Dublin City University Research Ethics Committee of the School of Psychology

2.2. Participants and Materials

Participants comprised 13 females recruited using inclusion criteria requiring females, aged 18–35, ($m = 27.77$, $sd = 6.47$) who had received an official medical diagnosis of ADHD. As ADHD is a relatively new disorder, it was important for the school experiences of participants (regardless of age of diagnosis) to be somewhat similar in order to avoid a confounding variable in the results. Participants were diagnosed between ages nine and 33 ($m = 23.85$, $sd = 7.5$). Three were diagnosed during school (Group A) and ten after school (Group B).

Interviews were preceded by five demographic questions. Twelve questions were posed to both groups, with eight further questions posed to Group A and seven further questions posed to Group B. Questions were constructed based on the research question and sub-questions (See Appendix A for a full list of demographic and interview questions.) Questions were designed by the primary researcher based on the research aim, the aforementioned research question and sub-questions, and a review of the literature. (See Appendix A for a full list of the interview questions.) Questions were pertinent and were posed broadly, allowing participants to elaborate on aspects of their school experiences they felt relevant. Given the semi-structured format of the interview, some questions led to follow-up questions based on individual responses. The demographic information of the participants is presented in Table 1 below.

Table 1. Demographic information of participants.

Participant Number	Age	Age of Diagnosis	Diagnosed During School or After School.	Other Diagnoses
1	19	18	After school	None
2	35	33	After school	Depression, anxiety, fatigue
3	20	22	After school	None
4	29	27	After school	None
5	35	33	After school	Depression, anxiety, fatigue
6	28	17	During school	Depression, anxiety
7	31	30	After school	Depression, anxiety, headaches
8	19	18	After school	None
9	32	30	After school	Depression, anxiety
10	32	29	After school	Depression, anxiety
11	29	27	After school	Depression, anxiety
12	34	9	During school	Depression
13	18	17	During school	None

2.3. Procedure

Interviews were conducted between December 2023 and February 2024 and recorded using the voice memos app on a password-protected iPhone 12 (Apple Inc., Cupertino, CA, USA). Interviews were transcribed verbatim to a Word document saved to a password protected One Drive account, then deleted from the iPhone. Identifiable information was removed, and names were replaced by numbers for confidentiality. Interviews commenced with a brief introduction and informal chat, then the demographic questions were asked, followed by the interview questions. Interviews lasted between 19 and 40 min. Data from the demographic questions and interviews was linked using each participant's number.

2.4. Data Analysis

The data was analysed using Braun and Clarke's TA [63] due to its ability to identify and interpret key features of data based on the research questions and its effectiveness in identifying patterns across data when examining participants' views, perspectives, perceptions and lived experiences. TA is useful in a study which seeks to understand what participants think, feel, and do and was the analysis method of choice in research studies similar to this study [64–66]. This structured inductive TA involved, (a) data gathering, done through recorded interviews as previously mentioned; (b) familiarisation and anonymisation—familiarisation was achieved by listening to the recordings of the interviews while manually transcribing each in order to engage with the data; (c) the generation of codes—codes were generated by identifying quotes from the interview that even out of context would provide sufficient meaning and understanding to the readers while also being connected to other quotes by some commonality; (d) identification of themes based on these codes—overarching themes emerged from these identified codes; (e) reviewing themes; (f) checking that themes related to the coded data to ensure coherence; and (g) naming and defining themes and finding examples within the transcripts. Specific themes and sub-themes were identified as they emerged from the data supported by quotations. The themes and sub-themes are displayed in a thematic map as seen in Figure A1 in Appendix B.

2.5. Ensuring Quality and Reflexivity

The quality of the data analysis was ensured using personal reflexivity [67,68]. Personal reflexivity is an ongoing process reflecting on how the personal circumstances and/or identity of the researcher impacts the research process. It is important to examine how the researcher influences data and shapes research [67]. To ensure personal reflexivity, engagement in regular self-reflection and reflection on the study content was conducted, ensuring personal unconscious biases were examined so as not to affect the overall study results. A brief follow-up was conducted with a selection of participants to discuss findings and their relatability to each, testing the quality of the data analysis and the success of the analysis in encapsulating the lived experience of participants. Transferability of data is the extent to which results or findings are applicable to other settings or circumstances [68]. To ensure transferability, this study has provided extensive descriptions of the research questions and data collection procedure to allow adaptation in future studies.

In order to ensure the quality of the data analysis and confidence in the results, a brief follow-up was conducted with four participants, who were asked if they found the study's results relevant and relatable and if there were any notable omissions. Generally, all four felt results matched and represented their experiences. One participant suggested including information not just on concentration issues but also on the daydreaming aspect of these issues, which she felt was important. This feedback was considered, and detail

backed up by quotations on “daydreamers” was added to the Results section to ensure participant validation.

3. Results

Following the thematic analysis, four major themes emerged. The main themes and sub-themes are presented in Table 2. The following section discusses each theme in detail, supported with quotes from interviews. Participants are listed as P1–P13.

Table 2. Main theme and sub-themes.

Main Themes	Results
Personal impact	Low and negative self-identity pre-diagnosis. Validation and improved self-identity post-diagnosis. Imagined impact of an earlier diagnosis and what might have been?
Attitudes and opinions of others	Parents’ and teachers’ negative perceptions of participants with undiagnosed ADHD Gender being a reason for lack of diagnosis or understanding of ADHD symptoms Changes or lack of change in attitudes and opinions post-diagnosis
Friendships and relationships	Personality and traits of ADHD both negatively and positively impacting on socialising in school. Behavioural issues at home and in school impacting social interactions among friends, family and teachers.
ADHD and academia	Symptoms of ADHD causing struggles in academia. Hyperfocus as a symptom of ADHD positively impacting academic experiences. Advantages of receiving support in school.

3.1. Theme 1: Personal Impact

ADHD impacted the school experiences of all participants both before and after diagnosis. The personal impact of late diagnosis left some wondering what might have been had they not slipped through the cracks, and what they could have achieved.

3.1.1. Self-Identity Pre-Diagnosis

Following years of struggling in school with tasks and social situations others could perform without issue, P2’s self-image and self-esteem pre-diagnosis was negative and low. “I wish I got diagnosed earlier, not even for support, just for self-esteem really, for me just to know that I was struggling for a reason and not just because I was stupid, because that’s how I felt my whole life.” P4 stated “I just thought I couldn’t do these things because I was either lazy or stupid.” P5 felt compelled to conceal her feelings while attempting to mask symptoms of ADHD, “As a child my parents used to always call me selfish or grumpy, all these horrible words that I then internalised, and it led to masking behaviour.” P3 had similar negative and confusing views of herself, “I was the lazy one, you know, too lazy to study, too lazy to do the homework, too lazy to pay attention in class, where. . . I actually loved learning.”

Participants were misdiagnosed with conditions such as borderline personality disorder (bpd), depression and anxiety during school, which were removed for most following

ADHD diagnosis. For many, undiagnosed ADHD caused depression and anxiety. P10 discovered she had “a misdiagnosis of bpd which is quite common. . . you know, you can be diagnosed with both, but in this case, it was an incorrect diagnosis. . . and that . . . does happen quite often.” P2 stated “I do get depression, I do get anxiety, but. . . I think really it was burnout and overwhelm from mis- or undiagnosed ADHD.”

3.1.2. Self-Identity Post-Diagnosis

Participants diagnosed after school experienced a new understanding of themselves and their school experiences, with P3 stating “I think the diagnosis, it’s almost given me a new sense of identity, it’s made me realise, yeah, this is me and I’m not just difficult and I’m not fidgety and there is a reason why I am like this.” Those diagnosed during school also experienced changes, P6 reflected, “After the diagnosis I really felt a massive weight off my shoulders and kind of understanding why I had been struggling as much as I had, and I was maybe able to ask those extra questions with a bit less shame.” All of the participants confirmed their lives and/or school experiences improved post-diagnosis.

Emotions around school experiences post-diagnosis were mixed, some, like P13 expressed feelings of relief to finally understand the cause of her struggles, “and I feel like I almost forgave myself. . . so I think it was. . . really nice knowing that it wasn’t just in my head the entire time you know, I felt such a relief and such happiness.” It brought validation and reassurance that P2 was not stupid, lazy or useless but had an undiagnosed condition that can be difficult to control without treatment, “That was just really validating for me, it resolved years of feeling useless and stupid.” Many, like P13, experienced feelings they described as stages of grieving, expressing anger and sadness that they suffered for years without diagnosis, feeling “so relieved, just validated, and a bit sad for my younger self who lacked confidence in herself academically especially, so it was kind of mixed emotions but mainly I was very happy.” Diagnosis allowed P6 to become more understanding, patient and accepting of herself and she, like many, described improvements in her overall mental health once diagnosed. “I think I was able to be more myself as a result.”

3.1.3. What Might Have Been?

Participants diagnosed after school wondered what their school experience might have been if diagnosed. Most perceived that school experiences would have been more positive, with P1 stating, “I just wish I got it done earlier to be honest because it probably would have made my experience in school. . . a lot better.” and P3 reflecting “Diagnosis, I think it would have. . . changed my outlook on the whole academics and exams and the stress of exams.” P4 felt her schooling would have been completely different and more positive. “I feel like if I had been able to put all those tools in place, I probably would have done better because I would have known how to study, I would have known how to get the grades, and I wouldn’t have to repeat.” However, P12, (despite an ADHD diagnosis at age nine) struggled massively due to her school’s lack of knowledge around ADHD, indicating the premise that an early diagnosis results in a more positive experience may not be accurate. P12 states “Negative experience for school? I’d say yeah, but I don’t think it was the diagnosis, I think it was the reaction to the diagnosis and the lack of support there for it.”

3.2. Theme 2: Attitudes and Opinions of Others

The attitudes and opinions of others impacted the school experiences and diagnoses of participants. Certain societal attitudes regarding females and a lack of knowledge regarding ADHD in females became apparent throughout the interviews.

3.2.1. Attitudes of Parents and Teachers

During school, participants like P3 and P13 received school reports from teachers who flagged symptoms of ADHD but did not realise what it was. P3 remembers “every single school report having that I was quite chatty and sometimes I could be a bit of a distraction.” while P13 says “Teachers had flagged it a lot, but they never named it as ADHD they would say, ‘oh, she has concentration difficulties and disruption difficulties’ . . . kind of like flagging the symptoms of it but they never came out and said, ‘I think she has ADHD’.” Some, like P12, had teachers express negative attitudes towards them, believing they were simply misbehaving, “she used to call all the students flowers, who were able to sit down and do their work and then she used to call me a weed.” P12 had her ADHD flagged by her parents but ignored by her school, “They just said I was naughty basically, but my mum could see there was something else going on.”

3.2.2. Effects of Gender on Attitudes

Participants’ school experiences were affected by gender bias towards ADHD in females. Many had male family members or classmates diagnosed with ADHD, supporting the belief that ADHD was a predominantly male disorder, a belief held by participants and their family members such as P4, “Anyone . . . I knew who was diagnosed with ADHD were all male . . . I think a lot of females were missed because it was mainly boys who had ADHD and it was mainly boys who were kind of really energetic, whereas I wasn’t energetic and then because I was female as well . . .” ADHD was considered a male disorder, with common symptoms of ADHD (such as hyperactivity) shown by males. Participants believe they were not diagnosed in school because they were not externally hyperactive, but for some, like P2, hyperactivity was internal. “I think girls, they get missed quite a lot because they’re not . . . very hyperactive, running around the classroom, climbing on chairs, trying to escape whereas . . . I was more chatty and mentally hyperactive, but I still am hyperactive. It’s all internal.”

Symptoms of ADHD in females—daydreaming, hyper-talkativeness, internal restlessness and emotional reactivity—were mistaken for stereotypical female traits. Societal attitudes frequently misinterpreted ADHD symptoms. According to P3, “I was always known as chatty in school and things like that and I just thought it was being a girl as it has always been a trait of being a young girl.” and P10 states “I think it’s easy with girls to just . . . say that they’re a bit chatty or contrary or a bit dreamy or a daydreamer, not very organised or a bit quirky rather than getting down and looking a bit deeper I think definitely there was prejudice there towards women definitely.”

Some participants stated there were boys in their schools who went undiagnosed, suggesting lack of diagnosis may not be due to gender but lack of awareness of ADHD in the school. P7 recalls, “Yeah, they weren’t diagnosed either and to me they were typical in your face . . . I just feel like it couldn’t have been more obvious.” but participants perceived the main reason for lack of diagnosis until after school to be a dearth of awareness surrounding ADHD in females.

3.2.3. Attitudes Surrounding ADHD Diagnosis

P6 found that attitudes towards her did not change following diagnosis in school “There was accommodations and understanding in place for every student I’d say so no I didn’t feel like an outcast.” However, P13 found that teachers who previously had a negative attitude towards her showed more understanding and patience, “I think teachers now . . . don’t pull me up on every single thing anymore . . . they let little stuff slide a bit more now because they know. They’re more . . . definitely more patient.” Sometimes negative attitudes did not change. This was perceived by P12 to be due to a lack of understanding of

ADHD, its symptoms and how it affects an individual day to day in school. “They knew what ADHD was, they were aware of it, but they just didn’t know anything about it and weren’t able to support me properly with it.”

3.3. Theme 3: Friendships and Relationships

Many participants experienced difficulties socialising in school, which they perceived to be due to common personality traits of females with ADHD and how they interact socially. Some participants had no issues socialising and felt ADHD had positive effects on their social skills, but this was not the case for the majority.

3.3.1. Effects of Personality on Socialising

Several participants reported experiencing mood swings during school, affecting socialising and also being “people pleasers” and “passive friends” drawn to the loud, popular, cool extroverted classmates, sometimes leading to bullying or negative experiences. P12 “was a bit of a people pleaser, so, I just wanted to be friends and maybe get in with the cooler people, who I definitely wouldn’t see as cool now, so I ended up being with all the people who were smoking.” Participants reported overanalysing social situations in school, replaying remarks leading to social anxiety, or accidentally offending classmates by saying the wrong thing. P8 remembered “I was always super impulsive in what I said. . . I couldn’t keep up with conversations. . . I’d be sitting there just losing track of the conversation and then I’d be blurting out stuff like I’ve probably had embarrassing moments and got really anxious.” Participants reported issues with rejection sensitivity, (in school friendships and relationships) and feeling afraid of being too intense. Conversely, participants like P3 and P8 reported being called funny, spontaneous and creative by friends and schoolmates. P3 stated, “I’ve always been told I’m quite quick witted and funny and can make a joke on the spot like that.” and P8 reported, “My friends always say I’m kind of funny I suppose and creative as well.”

3.3.2. Social Interactions (Friends, Family, Teachers)

Social interactions in school varied. Many participants, such as P12 and P13, reported behavioural issues at home and school leading to frequent chastisement for behaviour (which was due to ADHD). P12 states, “I was younger, you know, I wasn’t able to regulate my emotions like other children, but my mum had never heard of ADHD. . . the school was just saying no she’s just naughty.” and P13 says, “I was always in trouble. . . like I was being disruptive but not having any badness behind it so that was always flagged at parent teacher meetings.” P11 remarked, “I was acting out a lot and that’s when. . . you could really see my grades started to suffer.” Numerous participants sought diagnosis after their own child received an ADHD diagnosis based on behaviour which reminded them of their own childhood experiences.

P6 struggled making friends. “I wasn’t fitting in so easily . . . I often struggled making and keeping friends and I always was drawn to the cool kid in the class”. P10 struggled to maintain friendships, “I struggled socially had. . . lots of friends but they were very. . . fleeting relationships, very intense.” P8 struggled with group socialising. “It just made group situations very difficult, like I could never keep up with group conversation.” P11 found every aspect of socialising difficult. “I would say I missed out on a lot; it affected my social skills in every way, dating . . . all of that, understanding myself, absolutely I think it permeated every part of it.” However, a small number of participants had no issues with socialising, such as P13. “[I] loved it for the social aspect of it. I liked it in the sense that I loved going in to see the girls and I loved my friends and the lunchtime”. P6, who was diagnosed while in school, reported an improvement in social interaction and socialising

skills following diagnosis, “Once I was on therapy and medication . . . I got along a lot better socially with my peers.”

3.4. Theme 4: ADHD and Academia

3.4.1. Struggles in Academia

The majority of participants reported academic struggles. Some, like P2, experienced ADHD burnout and overwhelm leading to emotional difficulties and extreme tiredness, “I got diagnosed with chronic fatigue syndrome in secondary school. . . if I’m looking back now from what I know, I actually think that might have been sort of sensory overwhelm and burnout that was misdiagnosed.” Some experienced chronic fatigue or chronic migraines. P6 states “I was often very tired; I think I got very overwhelmed and so I’d really need to sleep a lot when I came home from school.” Participants reported struggles with concentration, organisation, memory, routine, studying and understanding leading to academic difficulties in school. P4 stated “Teachers would be like, ok, you just need to study more, and I always found it very frustrating because I would be like, I physically can’t.” P10 recalled “I don’t remember ever doing a piece of course work, I don’t remember ever packing a bag or taking books to school, that’s how chaotic and disorganised I was. . . I don’t even know if I handed in any course work for the subjects.” A small number reported sitting still in class being an issue with many reporting they bored easily and a few describing themselves as “daydreamers”.

Participants like P10 reported procrastinating, leaving work until the last minute, causing high levels of stress, “I wouldn’t do any assignments or whatever and then, two days before it was due, I would start them and just stay up for the 48 h and came out with perfect grades.” Numerous participants expressed they were constantly behind on academic milestones compared to peers, with P7 recalling that she could not read until the age of eight and no one noticed, “I didn’t learn how to read, until I was nearly in third class. I used to just kind of memorise.”

3.4.2. Academic Experiences

Although most participants struggled academically due to ADHD (whether diagnosed during school or after), some had no academic difficulties in school and did not require academic supports. P9 (diagnosed after school) says, “I still managed to graduate. . . top of the class, so everybody was very proud, and I was proud too because I kind of felt like I was fooling everyone.” She also recalled “I was told I couldn’t, or I didn’t have ADHD because I had a degree. . . he said, ‘but you didn’t have any problems in school’ and I said, ‘I had a lot of problems in school I just didn’t have problems with my grades’.” Several participants found that (despite other struggles) they could hyperfocus on certain subjects, especially subjects of interest, which was useful. The few participants diagnosed during school reported mixed experiences. Two found academic achievements improved post-diagnosis. However, one had a negative academic experience despite diagnosis at age nine.

3.4.3. Support in School

Some participants received academic support without a diagnosis, but P12 was diagnosed in school and received little support due to a lack of understanding about ADHD. “The extra time (in exams) was the only additional support I received really. There was no understanding that maybe I needed to have a break or be able to move or have a bit of extra explanation.” P6 recalls support which ultimately improved her overall school experiences. “I had I think weekly therapy for quite a long time, and I started medication as well so I guess that’s helpful support.” She also said, “I had a mentor who would go through what needed doing in the next week or next month and would go through sort of deadlines and

time management with me which was a helpful idea.” P1 reported academic difficulty even with supports “and even if I asked for extra help, it was just my brain couldn’t process it.”

4. Discussion

The primary aim of this study was to address the gap in the literature and provide greater insight into the topic of ADHD in women, specifically their school experiences. Examining how the age of diagnosis and the disorder itself is perceived to affect academic success, social skills and self-identity. The findings indicate that ADHD resulted in many struggles for the participants in all areas of investigation, leading to an overwhelmingly negative school experience for all participants. Four main themes emerged during data analysis, each referring to a different aspect of school experience.

“What are the perceived effects of gender in the diagnosis of ADHD?”

Our results surrounding the perceived effects of gender on ADHD diagnosis supported existing literature. Many participants felt gender played a part in their late diagnosis and negative school experiences, the perceived causes being that female ADHD symptoms manifest differently to male symptoms and the ingrained perception of ADHD as a male disorder. The results demonstrated that teacher/parent attitudes impacted greatly on the school experiences of participants, primarily attitudes surrounding gender and ADHD. Research finding that female diagnoses occur later in life was supported, with most of our participants diagnosed in adulthood [13,69,70]. Nussbaum [6] stated ADHD was originally thought to be a male disorder, and this attitude is prevalent in our results, often leading to the delayed receipt of a diagnosis.

The lack of hyperactivity and disruption in participants led to a referral bias and lack of identification, as suggested by Rucklidge [15,69]. ADHD symptoms specified by participants like talkativeness, daydreaming, and “people pleasing” were socially accepted as female traits, which Hinshaw [14] suggested may lead to symptoms not being considered signs of ADHD and diagnosis being missed. Some participants noted that in their schools ADHD in both sexes was missed, some boys exhibiting clear ADHD symptoms remained undiagnosed, potentially due to a lack of knowledge about ADHD and lack of resources and support. Interestingly, it may be that some diagnoses may have been missed not due to gender or lack of knowledge of female symptoms but due to lack of knowledge of ADHD overall.

“What are the perceived effects of ADHD diagnosis on academic achievements?”

Academia forms a crucial part of the school experience, and for many participants this caused the most issues. The perceived effects of ADHD on academic achievements varied among participants. Some struggled immensely due to difficulties with executive dysfunction, disorders and other comorbidities. Our results also revealed academic difficulties concomitant with ADHD, with participants struggling with all aspects of school life surrounding academia, experiencing concentration and memory difficulties labelled as working memory disorder or deficit in literature [31,71,72]. Problems with attention, focus, routine and an inability to study led to poor academic achievement and low grades, reflecting research by Alloway and colleagues [32,73,74]. Some participants did not experience academic difficulties, as they had the ability to hyperfocus on schoolwork, (often in short stressful bursts), and achieve high academic scores. Some suggested this may have contributed to their not being flagged as having ADHD, but several participants struggled academically and were also not flagged, so this may not be the case. One participant received her ADHD diagnosis during school, but it did not ameliorate her experience, indicating that even with an ADHD diagnosis during school, without the proper knowledge and supports a diagnosis may not be sufficient to improve school experience.

“What are the perceived effects of ADHD diagnosis on social skills?”

The perceived effects of ADHD diagnosis on social skills related to school experience emerged under the theme of friendships and relationships. Although many participants had negative socialising experiences during school, this was not the case for all. Results showed that many participants had impaired social skills during school, as prior research [35,75,76] has suggested. Several struggled with fleeting, intense and problematic relationships, others felt “too much” in friendships and as Bagwell et al. [42] stated experienced problematic friendships in general.

Some experienced impulsivities, saying things without thinking, accidentally offending others. Research suggests this behaviour (usually in children with ADHD-PI) could lead to the breakdown of friendships, which may explain the difficulty maintaining friendships reported by participants [37,77,78]. Participants with issues making and maintaining friendships developed anxiety and depression. Some started smoking, perhaps as a result of rejection sensitivity and social struggles, supporting findings by Mrug and colleagues [44]. Surprisingly, some participants reported no issues socialising, recalling positive school experiences surrounding socialising and friendships, being praised as witty and quick thinking. These participants may have a particular ADHD subtype such as ADHD-HI that does not affect social skills. Such social abilities could be harnessed by teachers. Perhaps this type of student would excel at drama or debating, thereby improving their overall school experience. Due to the word constraints of this study, participants were not asked about their specific subtypes of ADHD or some did not know. This study aimed to provide a broader overview of ADHD. Future research could examine the different subtypes of ADHD with a larger group of participants and examine whether each subtype has different negative or positive experiences with social skills.

“What are the perceived effects of ADHD diagnosis on self-identity?”

Results revealed an inherently negative school experience for all participants. Such early experiences led to participants having a negative self-identity due to this adversity. The perceived effects of ADHD on self-identity post-diagnosis were mainly positive, with participants feeling relief and validation; however, ADHD had negative effects on self-identity pre-diagnosis. Our results showed that all of the participants struggled in school and generally had negative school experiences. ADHD affected self-perception, self-esteem and self-identity. Our results demonstrated that participants viewed themselves as lazy, stupid and incompetent, evincing Brod and colleagues’ [47] findings that individuals with ADHD show less compassion and more negativity towards themselves. Negative self-identity was exacerbated by issues participants encountered with academic achievements and socialising [79,80]. Results showed negative self-identity caused misdiagnoses of depression, anxiety and borderline personality disorder due to negative self-identity, low self-esteem and a lack of an ADHD diagnosis [20].

Post-diagnosis, participants predominantly experienced positive emotions, allowing for increased self-compassion. Several wondered what might have been and expressed disappointment they had not been diagnosed in school, which they felt may have prevented years of negative behaviour and negative self-image leading to negative self-identity, which supported findings by Philipsen and colleagues [54]. It should be noted that one participant diagnosed in school aged nine recalled a negative school experience even with her diagnosis, but this could be due to her diagnosis being over 20 years ago and there not being enough awareness, knowledge or support available to her at that time. Participants diagnosed later in life questioned what might have been had they been diagnosed in school but, as many were a similar age demographic to the participant diagnosed aged nine, they may have had to deal with the same lack of awareness and support, so diagnosis may not have been the panacea they think.

4.1. Limitations

The principal limitation of this study was the fact that of 13 participants, only three were diagnosed during school. One attended an international school post-diagnosis; one still attended school, and one was diagnosed in primary school. The first two (diagnosed while attending school) found that their school experiences improved post-diagnosis, the third reported a negative experience, but with just three in Group A and ten in Group B it was not possible to obtain a detailed understanding of the school experiences of women diagnosed during school or to confirm the perception of Group B that early diagnosis would have improved their school experiences. It proved difficult to find individuals diagnosed during school, supporting research findings that females are usually diagnosed later in life. Future research could concentrate on those diagnosed in school to gain more insight into their school experiences. Another limitation may be the qualitative approach used. A mixed methods study design, incorporating quantitative aspects where academic achievements could be measured accurately, self-esteem scales used to examine self-identity and socialising measures to assess social skills, might give deeper insight; future studies could consider this approach.

4.2. Future Research

Future research could focus on the supports available in schools for children with ADHD. Each participant, when asked what might have led to earlier diagnosis, cited more awareness of female ADHD symptoms. Future research could centre on raising awareness of female ADHD symptoms and eliminating inaccurate opinions that ADHD is a male disorder. Research could concentrate on shifting perceptions of ADHD among teachers and students, highlighting the positive aspects of ADHD, (being funny, quick witted, creative with the ability to hyperfocus), harnessing positive attributes by exploring the subtypes of ADHD and tailoring supports to the particular subtypes, perhaps steering students towards activities such as debating, drama or projects they are interested in (and will hyperfocus on), thereby improving their self-identity and self-image as they excel. Other suggestions made by participants for future research regarding comorbidities such as eating disorders, self-harm, substance use, depression, anxiety and rejection sensitivity dysphoria and how they affected school experiences could not be included due to the word limit of the study. However, this area could be the subject of future research. Some participants said they had depression, anxiety and bipolar disorder, which impacted them throughout their lives. In most cases, their comorbidities were masking their ADHD symptoms, therefore complicating diagnosis. Many felt they struggled socially due to anxiety. A high percentage of participants had comorbidities which exacerbated their struggles in school. However, these comorbidities were potentially caused by their ADHD, and symptoms of these comorbidities reduced following diagnosis. This was investigated by Koyunca et al. [69], who found that comorbidities such as anxiety reduce when ADHD diagnosis and treatment is received. Another point of future research may be the different types of ADHD mentioned above (ADHD-C, ADHD-HI and ADHD-PI). While some participants mentioned having different types of ADHD which impacted them in certain ways leading to very different experiences, this level of detail regarding ADHD type was not investigated as part of this study. ADHD is not monolithic and understanding how these different types of ADHD impact women's education, social skills and identity may further the findings of this study.

5. Conclusions

Although no lived experience was identical, the school experience of all participants was perceived as negative. Socialising and academia were difficult for some participants

but not for others. This may be dependent on the subtype of ADHD present and whether any other comorbidities exist, such as mood disorders affecting socialising or learning difficulties affecting academia. Positive self-identity is crucial for a positive school experience, and participants struggled with negative self-images pre-diagnosis, leading to deteriorating mental health, self-confidence, self-esteem and an overall negative school experience. Therefore, early diagnosis, while not a panacea, may improve self-identity, thereby improving school experience. The perception of those not diagnosed until after school was that an early ADHD diagnosis would have improved their social skills, academic achievements and self-identity, thereby improving their school experiences, but results suggest that along with early diagnosis it is equally important that schools and teachers are aware of and knowledgeable about ADHD symptoms (specifically uncommon symptoms and symptoms pertaining to females) and the concomitant issues and that they provide resources to support female students with ADHD to ensure the best possible school experience. The aim of this study was to explore the school experiences of women with ADHD, which were far from the best days of their lives, but with further research the school days of women with ADHD may truly be called the best days of their lives like everyone else.

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Informed Consent Statement: Informed consent was obtained from all participants involved in the study through a Consent Form and a Plain Language Statement.

Data Availability Statement: To obtain further details on the analysis reported in this study, please contact the authors. The data presented in this study is available on request from the authors.

Conflicts of Interest: The authors declare no conflicts of interest.

Disability Language/Terminology Positionality Statement: The participants in our study were based in either the UK or Ireland. ADHD was deemed a disability in the UK under the Mental Health Act 1990 and in Ireland under the Disability Act 2005. The participants that engaged with this study preferred to be referred to as people with ADHD, and therefore this study chose a person first approach and used person first language. While it is important to realise that ADHD works on a spectrum and individuals may experience it differently, the participants we spoke with used person first language when referring to themselves. Throughout this process we aimed to ensure all participants were treated with dignity, respect, empathy and fairness and their informed consent was obtained before participation. We acknowledge that different terminology is used when referring to individuals with disabilities and we endeavoured to use terminology that is both respectful and accurate. This is in line with the most recent guidelines laid out by Neurodiversity Ireland, which encourages the acknowledgement of each individual's personal preference being respectful towards their identity and personal experiences.

Appendix A

Appendix A.1. Demographic Questions

1. Please indicate your age (in years).
2. Please state the age you were diagnosed with ADHD.

3. Please confirm if you were still attending school when you received your ADHD diagnosis.
4. Do you have any other diagnoses?
5. If Yes, please state them.

Appendix A.2. Questions for All Participants

1. Can you talk me through your daily life with ADHD and any positive or negative aspects to it?
2. Can you talk me through the process that led to your ADHD diagnosis?
3. Were you misdiagnosed with any other conditions before ADHD?
4. Can you describe your primary school experience to me in broad terms?
5. Can you describe your secondary school experience to me in broad terms?
6. How do you think ADHD affected your academic achievements in primary school?
7. How do you think ADHD affected your academic achievements in secondary school?
8. Do you think ADHD impacted your socialising abilities in primary school?
9. Do you think ADHD impacted your socialising abilities in secondary school?
10. Did your diagnosis of ADHD change your sense of self?
11. Did your diagnosis of ADHD affect your other diagnoses?
12. What would you advise parents or children of school going age to look out for regarding possible ADHD diagnosis?

Appendix A.3. Group A (Only Women Diagnosed During School)

13. Was your diagnosis prompted through school or by your parents?
14. Can you remember how long it took to get your ADHD diagnosis?
15. How did you feel once you received your diagnosis?
16. Did you feel people treated you differently?
17. Did you feel any stigma associated with the diagnosis?
18. What kind of support or resources did you receive (if any) after you were diagnosed?
19. Did you receive support and resources in school, outside school, or both? Is there anything that would have helped improve your school experience once diagnosed?
20. Do you think your diagnosis affected your school experience (primary or secondary)? If so, was it positive or negative?

Appendix A.4. Group B (Only Women Diagnosed After School)

21. What prompted your diagnosis journey?
22. How long did your diagnosis take once the process began?
23. How did you feel once you received your ADHD diagnosis?
24. Do you think your gender contributed to you being diagnosed after school rather than during school? If so, why?
25. Is there anything that you think would have helped you get a diagnosis of ADHD sooner in life?
26. How do you think your school experience (primary and secondary) would have differed with a diagnosis of ADHD while in school?
27. What (if anything) do you wish had been done differently in relation to your non diagnosis with ADHD until after you had left school

Appendix B.

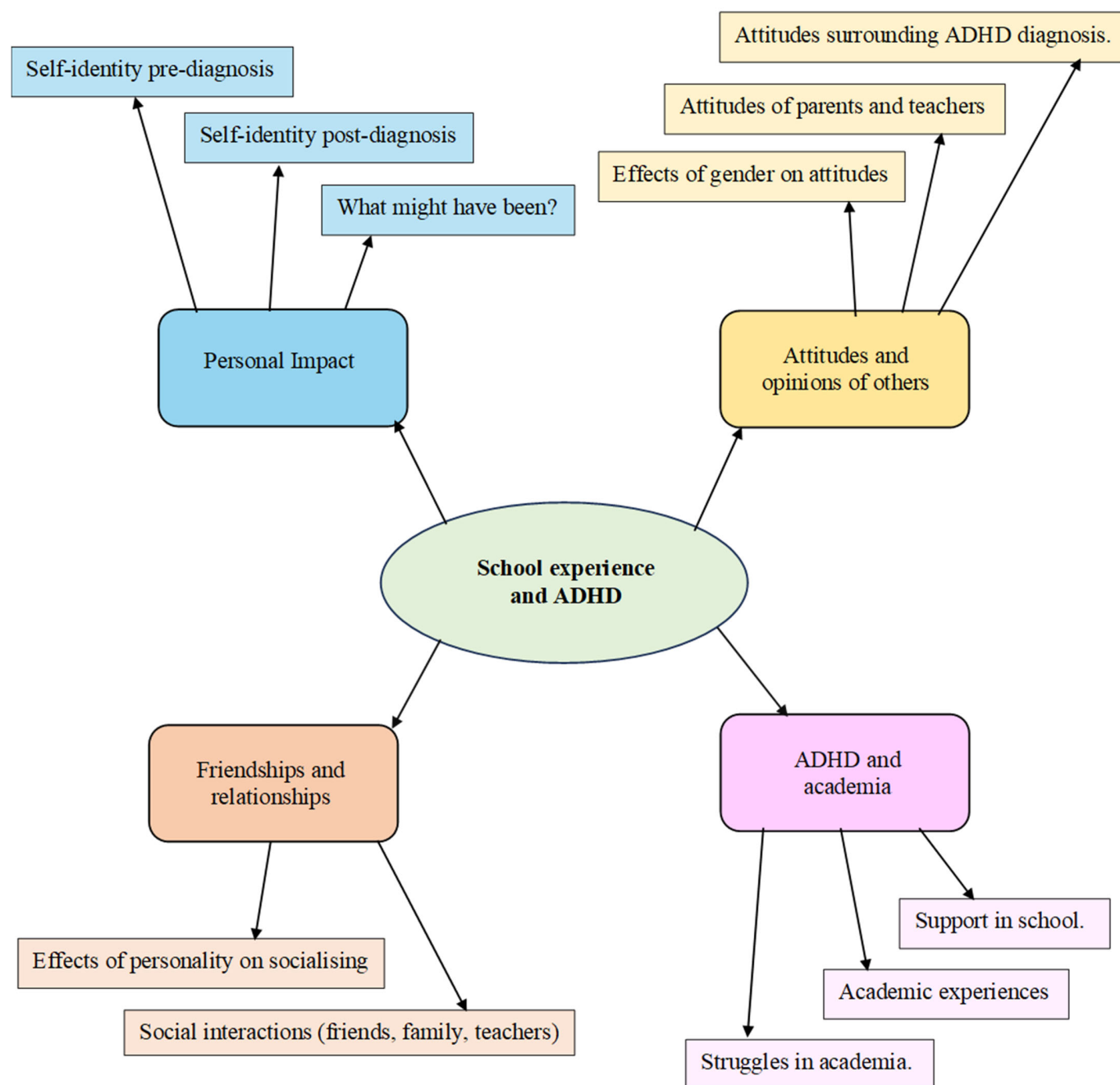


Figure A1. Thematic map.

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