

The discovery that you have ADHD might feel overwhelming and surprising, or maybe it offers long-awaited clarity. In any case, you have every right to feel however you need to about it. But the more that you come to understand your ADHD, hopefully the more you can acknowledge and empathise with how it has shaped, and is part of, the person that you are and have been.

ADHD (Attention Deficit Hyperactivity Disorder) is officially defined as a neurodevelopmental disorder, which frames it quite negatively but just refers to the differences in how the ADHD brain develops compared to a neurotypical one. A neurotypical brain is one with the most common neurotype, or mental make-up, while the ADHD brain develops to have a neurodivergent neurotype, or one which diverges from the norm, impacting how you interpret, experience and respond to the world. ADHD is not something wrong with you—it's just part of you, intrinsically bound to your personality, emotions, reactions, relationships, identity and overall experience of life, and there are so many wonderful elements of it and you. The disproportionate and ableist emphasis of mainstream society on ADHD's *challenges* strives to dismiss the powerfully important diversity, individuality, beauty and interest that accompanies difference.

Being part of you, ADHD shapes your experience, to some extent, all the time, though it most notably impacts executive functioning. Differences in this area can often result in difficulties with self-regulation, thought processing, time-management, concentration, restlessness, impulsiveness, fatigue and overwhelm. Again, although these challenges can and do impact daily functioning in a neurotypical world not built to accommodate for them, the different attention style of ADHD is certainly no more flawed than neurotypical, capitalist standards of task-driven focus and working for the sake of it, against which it is often criticised. And ultimately, these very differences and difficulties allow for the creative, unique, vivid and wonderful individual who experiences them.

Some information about ADHD and examples of where and how it can impact different aspects of life can be found below. Everyone is different, and it's to be expected that you might relate to some experiences more, or less, than you will others.

- Types of ADHD

ADHD is often categorised by its perceived subtypes, being inattentive, hyperactive-impulsive and combined. Your type of ADHD might change across your life, with symptoms of hyperactivity and impulsivity sometimes suppressed or internalised to look more like the inattentive type in adults, or women and girls, who tend to experience more societal pressure to act like the accepted norm. The subtypes are therefore malleable, more like potential guidelines than strict divides, but they are generally said to present as follows.

- Inattentive type

Some people's ADHD manifests more internally or mentally, and can present as distractedness, forgetfulness and inattention. Difficulty focusing, racing or buzzing thoughts, daydreaming, finding it difficult to stay present and alert, distractibility, and difficulty predicting or sensing time can all be part of inattentive ADHD. This type can also result in impacts like losing things, making silly mistakes, disorganisation, lateness, a tendency to start but not finish tasks and trouble following instructions. Alternatively, people with inattentive ADHD may appear to meet neurotypical norms of organisation, punctuality, focus or productivity, but to do so often requires a conscious, draining effort, much more time than a neurotypical person would require, and is difficult to maintain. As briefly mentioned earlier, though these impacts sound negative, and can certainly make life harder, they are merely indicative of an attention style and neurotype that is different to, but no less correct than, that of a neurotypical person. This ADHD attention style is interest-based, dopamine-centred, fluid, often erratic, difficult to control and undervalued, and is powerful, unique, important and absolutely valid in its difference.

- Hyperactive-impulsive type

Hyperactive-impulsive ADHD can appear as hyperactivity, which can look like fidgeting, restlessness, talking excessively, or finding it hard to stay seated or quiet, as well as impulsivity, for instance acting impatiently, experiencing heightened emotional responses, interrupting and having trouble waiting. People with this type of ADHD might act without thinking, find boredom intolerable, constantly seek stimulation or take impulsive risks, and often feel restless, energetic, agitated or ill-at-ease. Again, though society generally views these impacts negatively, the passion, energy, intensity, curiosity and largely uninhibited speed and enthusiasm of people with hyperactive-impulsive ADHD are powerfully valuable and in no way a fault. Though an effort should always be made not to direct whatever you are experiencing into harming or hindering others, whether you have ADHD or not, it is important to understand that as long as you are trying, recognising mistakes and meaning well you are doing just fine, and you never deserve to be made to feel like too little or too much.

- Combined type

Often, people with ADHD experience a combination of the inattentive and hyperactive-impulsive types, including certain elements common to each. As mentioned earlier, every

person with ADHD experiences it differently, and it is unlikely to fit the confines of one neat subtype, rather exists as unique combinations of internal and external hyperactivity, which stem from this same neurotype.

- Motivation and task completion

The neurotransmitter dopamine is a key factor in motivation, task completion, attention and feelings of reward, and its transportation and regulation is suggested by some research to differ in the ADHD brain. These differences lead to lower levels of dopamine and therefore decreased feelings of satisfaction or reward to motivate people with ADHD to complete tasks, especially those that are menial or non-urgent. Dopamine also mobilises the brain for action and allows for quicker and easier communication across neurons, or brain cells, to enable efficiency of learning. The neurotransmitter is key in driving ADHD motivation, which largely finds its momentum in activities that trigger it. This tendency aligns with the “interest-based nervous system” of ADHDers, as opposed to that which is “importance-based” in neurotypical people, whose attention is more easily harnessed by what “should” be done, over what interests them. The acronym PINCH indicates some qualities that should be instilled into tasks or topics to help absorb and motivate people with ADHD: Passion/Play, Interest, Novelty, Competition (Challenge/Cooperation) and Hurry (Urgency). Other strategies to help ADHDers with focus and task completion include increasing the availability of dopamine before beginning work, with body movement, music, moving to a new space or fidgeting, or by gamifying the tasks, or habit-stacking to complete multiple things at one time without having to lose momentum. ADHD attention can be difficult to manage, but understanding why, and how you can better direct it, along with being patient and empathetic with yourself, is an important start. Stimulant and non-stimulant medications are also available, which can help to reduce hyperactivity and impulsivity, manage executive dysfunction and allow for focus which is more accessed and directed, by increasing the levels of neurotransmitters in the brain, including dopamine and norepinephrine, and these are often a quite helpful option. But, as will be discussed in the next dotpoint, ADHD focus, rather than being defective, disobedient, or something to cure, is wired to follow interest, and has strong potential, particularly when it latches onto something you care about—which is so important in this age of bulk-produced, robot-replicated, unoriginal, formulaic consumerism.

More detail on ADHD motivation can be found in a blog post by Dr Megan Anna Neff of *Neurodivergent Insights*, available at <https://neurodivergentinsights.com/adhd-motivation/#:~:text=Your%20medical%20provider%20can%20give%20guidance%20on,shiny%2C%20and%20exciting%20experiences%20to%20maintain%20engagement.>

- ADHD attention

In another blog on ADHD attention, found at <https://neurodivergentinsights.com/adhd-attention/>, Dr Neff raises some fascinating points. Though interest-pursuing ADHD attention often resists neurotypical-upheld, importance-based norms of focus and task completion, leading to the assumption of ADHDers experiencing a “deficit” in attention, really it’s just harder to regulate. This can also work contrarily to the stereotypical ADHD distraction and inattentiveness, in the case of hyperfocus: where a state of intense focus, once begun, is difficult to stop. The intensity of hyperfocusing often leads to great creativity and productivity, but it can also result in large amounts of time being lost without realising, and obliviousness to the world around you, and to your internal needs. As Neff puts it, “The ADHD brain isn’t short on attention. It’s full of it — sparked, scattered, flooded, sometimes fused into a single, immovable point. The challenge isn’t whether we can pay attention, but whether we can direct it, sustain it, or summon it on command.” She discusses the strain and futility of forcing attention into rigid rules, structures and expectations, and the importance of working *with* it instead, making tasks more appealing to it, while leaving time and space to let it roam freely and naturally. Other strategies for aligning with ADHD attention include being mindfully aware of where it is going, questioning if this is what you want, and using external systems like reminders and diaries to offload stress and hypervigilance about remembering things. Neff also reframes distractibility as “responsiveness”, a connection to, interest in and care for the people, world and ideas around us, which should be honoured, not pathologised. The unconventional ADHD style of focus sparks bright ideas, honest passions and novel connections that are otherwise inaccessible and uniquely valuable, driven by genuine curiosity and care.

- Associated conditions

There are several other conditions or slightly different neurotypes that it is common to experience if you have ADHD.

- Rejection Sensitive Dysphoria (RSD)

While not yet a formal diagnosis, RSD describes an emotional dysregulation experienced by most people with ADHD, as well as those who are autistic, have social anxiety or have experienced trauma. It is essentially an intense emotional sensitivity to perceived rejection or criticism, a tendency to catastrophise and overthink interactions which can lead to feelings of depression, anger or severe anxiety. If you have RSD, before a predicted rejection you might experience anxiety and avoidance, and are more likely to people-please to avoid criticism. You might also have trouble starting tasks when there is a chance of failure, and feel immense pressure to avoid mistakes or perform “perfectly”. Though these ideas and emotions can be quite distressful and difficult, naming RSD as their cause can help to gain clarity around them, and to challenge cycles of shame, anxiety and self-criticism, or habits of assuming the worst. Grounding techniques, positive self-talk, mindfulness and relaxation

strategies, as well as seeing a mental health professional, can also help you to cope with RSD.

- Pathological Demand Avoidance (PDA)

PDA is, at this stage, technically considered a profile of autism, though many people with ADHD have similar experiences, and considering that it is quite common to both be autistic and have ADHD, it is certainly relevant to the ADHD community. PDA involves anxiety-driven avoidance of perceived or stated demands, which can result in the person with PDA withdrawing, or having meltdowns or panic attacks. Though it can be mislabelled as defiance or “being difficult”, PDA generally stems from anxiety, especially around maintaining control, autonomy or a sense of emotional safety. It could be helpful to view PDA as a fight/flight/freeze/fawn survival response to anxiety triggered by demands for flexibility, spontaneity or change, or demands in general, which fail to meet one’s needs and feel overwhelmingly large and stressful. In ADHD, procrastination is very common, with differences in dopamine often making getting started on tasks extremely difficult, slow and daunting. Whether this state of anxiety and feeling stuck, anxious or frozen is necessarily PDA, it presents similarly, and deserves the same patience and respect for your needs and feelings, from yourself and others. Appropriate support for those with traits of a PDA profile includes using non-demanding language, creating predictable routines with choice incorporated, managing anxiety with relaxation techniques and sensory accommodations, and reducing or breaking down demands.

- Burnout

ADHD is often masked, that is, disguised through ADHDers overcompensating for their struggles and putting in extra time and effort to create the appearance of meeting neurotypical social and educational standards, and suppressing difference. This process can often lead to burnout, or a state of profound physical, mental and emotional exhaustion that can also cause many impacts such as irritability, overwhelm, mood swings, emotional sensitivity or detachment, sadness, worsened focus and productivity, low self-esteem, withdrawal from loved ones, and physical effects such as stomach aches or digestive issues, changes in appetite and sleep, headaches and body aches, tension and poorer immunity. Burnout can also be caused by frequent and prolonged experiences of hyperfocus, executive functioning fatigue, over-reliance on urgency, and the accompanying adrenaline, to complete tasks, sensory strain, and an overall difficulty balancing the ADHD neurotype and attention style in a society that does not sufficiently support it. This is not your fault, and it is unfair that you might experience burnout or exhaustion because of it. But your brain has a unique skillset that is so important, so please look after it and take a break when you feel the need. Aside from self-care and rest, seeing a mental health professional can be beneficial, as well as establishing boundaries and engaging in activities that inspire, interest, or bring joy to you.

- ADHD and autism

Though research findings on the overlap of co-occurrence between autism and ADHD are limited, they do show a clear link between the two, where 22-83% of autistic children also meet the diagnostic criteria for ADHD, while 30-65% of children with ADHD have clinically significant levels of autistic traits. Many genetic and neurobiological factors, as well as typical traits, overlap between ADHD and autistic neurotypes, so that they can be hard to distinguish and diagnoses can be missed. But since you have ADHD, it could definitely be worthwhile to investigate autism as well. Those who are AuDHD (autistic-ADHDers) often experience and demonstrate qualities of both neurotypes, though these can present slightly differently once combined—at different times they can be intensified or masked by, at odds or working with, the other. If you are AuDHD, maybe you crave routine, consistency, novelty and chaos all at once, or in different ways depending on the situation. Maybe you hyperfocus intensely on special interests but find certain tasks near-impossible to start. You likely fidget and stim (perform repetitive actions or sounds to regulate your nervous system), and find certain sensory situations overwhelming, though sometimes you might relish this sensory intensity. You might make a comprehensive plan for your day and not stick to it whatsoever, or have months' worth of admin organised and then forgotten about, wasting away in carefully designated spaces across your room. Being AuDHD is an often contradictory, frequently emotionally and sensorily intense experience, but it allows for powerful individuality, passion, creativity and drive.

- Other common diagnoses

Statistics show that only around 1 in 3 people with ADHD have it as their sole diagnosis, while the rest experience co-existing conditions. For instance, about 70% of adults with ADHD are said to experience mental health issues, such as bipolar disorder, anxiety disorder (experienced by up to 50% of ADHDers), depressive disorder (experienced by 18.6–53.3%), substance use disorder, or a personality disorder. Learning difficulties are also common, while there is often an increased overlap between ADHD and physical health issues such as hypermobility, Ehlers-Danlos syndromes, Postural Orthostatic Tachycardia Syndrome (POTS), Premenstrual Dysphoric Disorder (PMDD), iron deficiency, vitamin/mineral deficiencies, obstructive sleep apnoea and other sleep disorders. It may be useful to explore some of these conditions, to see if your health can be improved, because many can go undetected.

Having ADHD is often far from easy, and the fact that society often sees it as a flaw is misguided, but frustrating and hurtful. The world is set up to benefit the neurotypical neurotype, while neglecting the needs of, and putting unnecessary pressure and judgment on, neurodiverse people. But the fact that your mind works differently does by no means make it worse. ADHDers are often interesting, fun, passionate, sensitive, empathetic, perceptive, brave and genuine. They might feel deeply, experience the world intensely, think

originally, excel in difficult or critical circumstances, and create things that no one else can. Your mind works in wonderful ways, and though you might be grieving time and energy you've spent struggling and not knowing why, or feeling behind or out of place, judged or criticised, hopefully now you can see that you have every right to have needs and set boundaries, and to be exactly who you are—the world is far better for it.

Resources

If you're interested in learning more about ADHD, here are some resources you might find useful, or validating.

Social media accounts:

- Kaleidoscope Assessment (Facebook, Instagram)
- neuroberrie (Instagram, TikTok)
- The Daily Tism (Instagram, Facebook)
- tism.and.cats (Instagram)
- neurodivergent_insights (Instagram)
- adhd_love_ (Instagram, TikTok, Facebook)
- the_mini_adhd_coach (Instagram, TikTok, Facebook)

Books:

- *Divergent Mind* by Jenara Nerenberg
- *Different, Not Less* by Chloé Hayden
- *The Neurodivergence Skills Workbook for Autism and ADHD* by Jennifer Kemp and Monique Mitchelson
- *ADHD 2.0* by Drs Hallowell and Ratey
- *The Drummer and the Great Mountain* by Michael Joseph Ferguson
- *The Queen of Distraction* by Terry Matlen
- *A Hunter in a Farmer's World* by Thom Hartman
- *Survival Tips for Women with ADHD* by Terry Matlen

Podcasts:

- The Neurodivergent Woman (not just for women!)
- Uniquely Human
- Tracy Otsuka
- ADHD Chatter Podcast
- PDA Voices
- The Imperfects have several episodes that focus on ADHD, accessible online here:
<https://www.theimperfects.com.au/topic/adhd/>

Videos/YouTube channels:

- [ADHD As A Difference In Cognition, Not A Disorder: Stephen Tonti at TEDxCMU](#)
- <https://www.youtube.com/watch?v=axIDDiZsM78>—a neurotypical perspective, gaining understanding of ADHD
- <https://www.youtube.com/watch?v=uL0eC1E9AHQ>—looking at the overlap between ADHD and anxiety
- How to ADHD: [How to ADHD - YouTube](#)
- Molly's ADHD Mayhem: <https://www.youtube.com/@MollysADHDMayhem/featured>
- The Neurocuriosity Club: [What is Neurocuriosity? | The Neurocuriosity Club](#)
- ADHD Love: [ADHD Love - YouTube](#)

Websites:

- Kristy Forbes, specialising in PDA: <https://www.kristyforbes.com.au/>
- The Neurodivergent Woman Podcast: <https://www.ndwomanpod.com/>
- PDA Society: <https://www.pdasociety.org.uk/>
- Neurodivergent Insights: <https://neurodivergentinsights.com/>
- The Kidd Clinic: <https://www.kiddclinic.com.au/>

Reading:

On neurodiversity and the nervous system:

- <https://neurodivergentinsights.com/blog/autistic-adhd-nervous-system#:~:text=Several%20studies%20have%20found%20that,does%20not%20as%20flexibly%20adapt>

On tools to self-assess whether you might have traits of ADHD:

- <https://neurodivergentinsights.com/a-review-of-adhd-screeners/>

Or autistic traits:

- <https://neurodivergentinsights.com/a-review-of-autism-screeners-for-adults/>

On executive dysfunction:

- <https://www.additudemag.com/executive-function-disorder-in-adults-symptoms/>

On monotropism, an attention style commonly experience by neurodivergent people:

- <https://embrace-autism.com/monotropism/>

On sensory sensitivities:

- <https://neurodivergentinsights.com/blog/sensory-issues-in-adults>

On RSD (Rejection Sensitive Dysphoria):

- <https://embrace-autism.com/rejection-sensitive-dysphoria-in-adhd-and-autism/>

On PDA (Pathological Demand Avoidance):

- <https://www.autism.org.uk/advice-and-guidance/topics/behaviour/demand-avoidance>

On health conditions associated with neurodivergence:

- <https://neurodivergentinsights.com/autism-and-health-issues/>