

ADHD in Women

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Unkle Judy Illustration

FOREWORD

Whereas ADHD was once seen as a condition affecting mainly boys who would eventually outgrow the symptoms, it is now increasingly recognised that ADHD also affects girls, adult women and men.

There is, unfortunately, insufficient knowledge of how ADHD manifests in women, and there is a need for accessible information about this condition, which affects up to 4.4 per cent of the adult population – nearly half of whom are women.

The intent of this information booklet is to offer insight into how ADHD symptoms and related difficulties may present in women, and to describe the impact that ADHD can have on an individual's function at school, at work and in everyday life. The information presented here is drawn from existing studies of ADHD in women and from interview data from the author's master's thesis in psychology. Key themes in the booklet include the significance of gender-specific and social factors – such as hormones, social norms and expectations, a mother's role in society, stigmatisation and the normalisation of the diagnosis – for how women may experience living with ADHD.

This booklet does not contain comprehensive lists of symptoms, nor is it intended as a guide for diagnosing and treating ADHD. For such information, please refer to the national clinical practice guidelines: ADHD/Hyperkinetic disorder – National clinical guidelines for assessment, treatment and follow-up (Norwegian Directorate of Health, 2016, updated 2022) (in Norwegian only), and to other relevant literature cited throughout this

One of the key messages in this booklet is that an ADHD diagnosis must be taken seriously, both in terms of the associated challenges and difficulties, and in terms of coping strategies and treatment options. In this context, it is extremely important that research-based information is made available to the general public in order to raise awareness of what ADHD in women entails. Despite the challenges associated with the diagnosis, it is entirely possible to manage normal life with ADHD. The booklet describes helpful strategies, as well as the positive aspects and characteristics associated with the diagnosis, in separate sections.

The hope is that this information booklet will be of use to both the women who have been diagnosed and to their family members, as well as to healthcare professionals and others interested in gaining a better understanding of what life is like for women with ADHD.

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In this disease of attention, if it can with propriety be called so, every impression seems to agitate the person, and gives him or her an unnatural degree of mental restlessness. When people are affected in this manner, which they very frequently are, they have a particular name for the state of their nerves, which is expressive enough of their feelings. They say they have the fidgets.

(Crichton, 1798¹)

Every humming fly, every shadow, every sound, the memory of old stories will draw him off his task to other imaginations.

(Weikard, 1775²)

1. Crichton, A. (1798). An inquiry into the nature and origin of mental derangement: comprehending a concise system of the physiology and pathology of the human mind and a history of the passions and their effects. Vol.1, book 2, Ch.2: On attention and its diseases, pp. 254-290.

2. Barkley, R.A., & Peters, H. (2012). The earliest reference to ADHD in the medical literature? Melchior Adam Weikard's description in 1775 of "attention deficit" (Mangel der Aufmerksamkeit, Attentio Volubilis). *Journal of Attention Disorders*, 16, 8, 623-630. Doi: 10.1177/1087054711432309.

1. INTRODUCTION

Behavioural patterns corresponding to what we today refer to as ADHD (Attention Deficit Hyperactivity Disorder) have been described in medical literature since the late 1700s. Between 3 and 5 per cent of the population are thought to have ADHD, defined as a neurobiological developmental disorder in which the signalling systems in the brain involved in regulating behaviour, motivation and attention do not function optimally. This has nothing to do with intellectual abilities, and people with ADHD do not differ in terms of intelligence from those without the diagnosis.

It is not known exactly what causes ADHD. However, genetic and hereditary factors are thought to account for the variation in ADHD symptoms within the population to a large extent. In order to receive an ADHD diagnosis, specific criteria regarding both symptoms and functional impairment must be met, as described in more detail in the ADHD/Hyperkinetic disorder – National clinical guidelines for the assessment, treatment and follow-up (Norwegian Directorate of Health, 2016, updated 2022).

Why focus on ADHD in women?

Until a few decades ago, it was believed that ADHD only affected boys. We now know that a large number of girls also have the diagnosis, and that it persists into adulthood in 30–85 per cent of women and men. In women, however, ADHD is often not diagnosed and treated until later in life, which suggests that the condition is overlooked in younger girls, and/or that girls more often experience only attention deficits, which can be more difficult for those around

them to detect, and that may also persist throughout their development. In recent years, there has been an increase in ADHD diagnoses, particularly among girls and young women, where the incidence has doubled among young women ages 16 to 24. According to a report by the Norwegian Institute of Public Health (2023), figures show that between 2019 and 2022, the proportion of girls and young women diagnosed with ADHD rose from 1.5 per cent to 3.1 per cent among girls aged 16–29, and from 1 per cent to 2.2 per cent among girls aged 20–24 (Norwegian Institute of Public Health, 2023).

Previously, the lack of knowledge about how ADHD presents in girls and women has been one of the main reasons the diagnosis is overlooked in girls. The majority of research studies on ADHD have only included young boys, and the diagnostic criteria and general understanding of ADHD have therefore been based on how symptoms present in this particular group. Hyperactive and disruptive behaviour, for example, are among the symptoms most commonly associated with ADHD, which lead professionals to suspect this disorder, despite the fact that such symptoms are rarely observed in girls or in adults. However, there has recently been more research focused on ADHD among girls and women. Findings indicate that girls tend to struggle more with inattention and may appear too 'calm, well-behaved and competent' for those around them to suspect that they could be showing signs of ADHD.

Furthermore, girls are more likely than boys to conceal their difficulties by withdrawing or by pretending to pay attention. Quite often, they also have co-occurring conditions such as

anxiety and depression that mask the underlying ADHD. Several studies have shown that school-age girls and boys experience roughly the same severity and number of ADHD symptoms and that the diagnosis does not necessarily occur more frequently in boys. It is simply more difficult to identify in girls. Among girls and women, symptoms of ADHD are more often interpreted as symptoms of emotional disorders, disciplinary problems or learning difficulties.

When an ADHD diagnosis is overlooked, girls also lose opportunities for support, treatment and insight into the causes of their difficulties. Consequently, girls with undiagnosed ADHD often experience significant academic, social and psychological challenges throughout their education and the most vulnerable years of their lives without any form of help or support. This is a serious problem, as undiagnosed and untreated ADHD is often associated with a high risk of social, academic and occupational impairment and maladjustment, including the development of comorbid disorders, as well as reduced self-esteem and poorer quality of life

Attention deficits are associated with more serious problems and long-term consequences than hyperactivity, which include school dropout and interrupted studies, incapacity for work, mental health problems and substance abuse.

Why focus on social and gender-specific factors?

Although ADHD is defined as a neurobiological developmental disorder, social and cultural factors are still of great significance for how symptoms develop and are experienced by the individual.

The course and outcome of ADHD are therefore not an 'either (biological) or (social/cultural)' phenomenon, but are shaped by interactions between biological and environmental factors. For example, the prevailing social norms and the education system in a society set the standard for what is, and what is not considered appropriate behaviour. Furthermore, the way in

which ADHD is discussed and understood within a society, e.g. as a 'fashionable' diagnosis versus a neurobiological developmental disorder, plays a major role in how individuals with ADHD are treated and, consequently, how they experience living with the diagnosis and their symptoms. The way the diagnosis is explained by health-care professionals also influences a person's thoughts and feelings about what it means to have ADHD. For example, it can be easy to feel discouraged if the focus is solely on the limitations and problems the diagnosis may entail.

One important part of taking ADHD seriously is to focus on opportunities for treatment and management of symptoms and problems, and to avoid focusing on genetic aspects, as this can lead to viewing symptoms as biologically determined and unchangeable (cf. genetic determinism).

There is debate as to whether symptoms of ADHD present differently in women and men, and research on this topic shows somewhat conflicting results. There is much to suggest that women and men largely have the same symptoms, but that they present and experience these symptoms differently, which is influenced by factors such as gender-specific norms and expectations. Both women and men with ADHD may experience problems during their studies, in the workplace, and in romantic relationships. Women tend to report more problems than men with respect to managing family life, social relationships and day-to-day activities. ADHD can be particularly burdensome for women because many of the symptoms and difficulties associated with the diagnosis, such as problems with organisation and with social challenges, are particularly at odds with social norms and expectations placed on women. Impulsivity, hyperactivity and a lack of structure tend to be more tolerated among boys than in girls, who are expected to be well-behaved, diligent and well-organised. Furthermore, responsibilities in the home, for children and family life can be particularly challenging to manage with ADHD.

It has also been found that changes in the levels of female sex hormones can affect the severity of ADHD symptoms, and in girls, symptoms of ADHD tend to become more pronounced during puberty. Puberty often begins earlier in boys. Possible explanations for this may include gender differences in brain maturation and in the development of executive functions, as well as hormonal influences on biological processes associated with ADHD symptoms. Interactions between innate vulnerability and increasing demands for independence and organisational skills may also help to explain why ADHD symptoms become more pronounced during adolescence and onwards. Our education system values independence, the ability to structure oneself, and responsibility for one's own learning, and this emphasis increases as students progress through the school system.

The transition from primary and secondary school to university life can be an enormous challenge for someone with ADHD. Consequently, there are high dropout rates from both school and the workplace among young people and adults with ADHD.

Stigmatisation and the normalisation of ADHD symptoms are examples of social factors shown to have a highly negative impact on quality of life, functional abilities and symptom burden in people with this diagnosis. Certain aspects of the diagnosis have been the subject of much debate in recent years. Recurring topics include a possible overdiagnosis of ADHD, scepticism and bias against medicinal treatment of ADHD, as well as doubts regarding the validity of the diagnosis. Furthermore, ADHD is still largely referred to as a childhood condition. The trivialisation and rejection of the diagnosis and the challenges associated with ADHD can be perceived as hurtful and offensive to those who have experienced functional difficulties and a

reduced quality of life due to the diagnosis. When symptoms are trivialised, it becomes harder to have one's problems and challenges understood and accepted. The fear of stigmatisation leads many to hide their diagnosis, discontinue treatment or avoid seeking help that might have contributed to better health and functioning.

Stigmatisation also threatens a person's self-image, for example by leading them to believe that such negative perceptions are true and descriptive of themselves. One key focus of ADHD Norway's work is to ensure inclusion in all areas of society, while simultaneously combating the discrimination and stigmatisation of ADHD.

Quotes from interviews with five adult women with ADHD, taken from Mira Elise Glaser Holthe's master's thesis in psychology³, are used throughout this booklet to illustrate what living with ADHD can be like. These women, between the ages of 32 and 50, were diagnosed with ADHD as adults. They have all completed a university education and are married or in a relationship.

Andrea was diagnosed at the age of 36. She has children with ADHD and has a full-time job.

Hanne was diagnosed at the age of 43. She has children with ADHD and left her job to stay at home with her children.

Kristine was diagnosed at the age of 19. She has no children and works full-time.

Inger was diagnosed at the age of 48. She has children with ADHD and left her job to stay at home with her children.

Emilie was diagnosed at the age of 29. She has no children and works full-time.

3. Holthe, M.E.G. (2013). ADHD in Women: Effects on Everyday Functioning and the Role of Stigma. (Masteroppgave). Norges teknisk-naturvitenskapelige universitet (NTNU), Trondheim. Fulltekst tilgjengelig på: <http://urn.kb.se/resolve?urn=urn:nbn:no:ntnu:diva-25302>

2. HOW DO ADHD AND RELATED CHALLENGES PRESENT IN WOMEN?

ADHD is a heterogeneous clinical disorder, which means that symptoms and difficulties can manifest very differently depending on the individual, age and situation. However, hyperactivity, impulsivity and inattention are described as the common core symptoms of the condition. Although these point to key problem areas for people with ADHD, a single model of understanding based on these symptoms cannot capture the depth and complexity of the functional difficulties associated with ADHD.

In recent years, a range of explanatory models have emerged, which in turn help to emphasise the complexity of ADHD. These various models emphasise executive difficulties, such as challenges relating to self-regulation, the brain's motivation and reward pathways and the relationship between rest and activity networks as underlying causes. Common to these models is that they explain ADHD as an impaired ability to sustain attention, adapt motor and verbal activity to the situation, and respond to external and internal stimuli in a socially acceptable manner.

Hyperactivity, impulsivity and inattention

ADHD is generally divided into three subtypes based on which symptoms are most prominent in the individual:

ADHD inattentive type (primarily attention difficulties, formerly known as ADD/Attention Deficit Disorder)

ADHD hyperactive/impulsive type (primarily symptoms of hyperactivity/impulsivity)

ADHD combined type (symptoms of both inattention and hyperactivity/ impulsivity)

The inattentive or combined subtype is most commonly observed in girls and women. Motor hyperactivity is more common among young boys and is the ADHD symptom that remains least stable over time for both sexes.

Inattention, on the other hand, leads to persistent and often increasing functional difficulties with age. Individuals with ADHD may also be hypoactive (underactive), which involves insufficient physical/mental arousal for the activity they are engaged in.

Hyperactivity in girls and adults often manifests as inner restlessness, tension, fidgeting, racing thoughts, emotional reactivity, physical and mental overstimulation, and excessive talkativeness.

Impulsivity may manifest as a tendency to constantly interrupt others, to say whatever comes to mind, to struggle to anticipate the consequences of one's own actions and words, to make poorly considered choices, and to suddenly change direction and previous plans for one's life.

Inattention can manifest as forgetfulness,

under-arousal, internalised symptoms (brooding, worry and symptoms of depression and anxiety), daydreaming and difficulties with planning and organisation. A high level of distractibility can result in careless mistakes at school and work, not paying attention to important information, having to read things over and over to grasp the meaning of the words, and underperforming relative to one's level of intelligence.

Executive functions: the brain's orchestra conductor

Hyperactivity, hypoactivity, impulsivity and inattention can be understood as the result of executive dysfunction, or difficulties with self-regulation. Executive functions are a collective term for a range of overarching cognitive functions and processes that help control and regulate thoughts, emotions and goal-directed behaviour.

Executive difficulties can manifest as problems with planning, prioritising and initiating tasks. Many individuals struggle to form a mental picture of the future and consequently to prepare themselves physically and mentally for things

that are going to happen.

As a result, day-to-day life can feel chaotic and unpredictable, which in turn can contribute to anxiety. Difficulties with structure and planning often result in tasks being performed in a disorganised manner, so that even small tasks can become complex and overwhelming undertakings.

Many people with ADHD say that they feel 'chronically' overwhelmed and out of control, and often end up feeling paralysed, as described by Kristine:

“ During my time at university, I was so overwhelmed by the amount of work I had that I became completely paralysed and didn't know what to do, or I ended up not getting anything done at all. I felt very out of control and gradually developed an eating disorder. It wasn't just because I wanted to lose weight, but rather because I felt so out of control in my life that I tried to control what I ate instead. And by doing so, I actually achieved the opposite: I lost even more control.

Metaphorically, executive functions can be described as the orchestra conductor of our cognitive skills. It coordinates the interactions among all the instruments that make up the brain's orchestra. The image below shows an overview of the areas that are most often affected by executive dysfunction in people with ADHD:



Model by Thomas Brown (2008)

Difficulties with motivation: easily losing focus, getting bored and procrastinating

Many women with ADHD report that they easily get bored and lose focus unless they are doing something they find exciting, challenging and interesting. Tedious tasks are often postponed in favour of something that provides an immediate reward. Or their focus wanes once they complete the interesting part of a task. A dysfunction in the brain's motivation and reward pathways is thought to explain difficulties engaging with and focusing on tasks perceived as dull, routine, or unstructured.

Difficulties with motivation, procrastination and trouble meeting deadlines can lead to stress and self-blame because they once again feel they have disappointed themselves and others. These issues may feel particularly frustrating because the person is often aware of the problems this causes, yet they still end up using the same approach time and time again. Over time, it may be easy for them to lose faith in their own ability to maintain motivation and avoid procrastination after repeatedly thinking: "Next time I'll start early", without doing so, because they don't know how.

Consequences of difficulties with motivation and self-regulation

The consequences of time blindness and trouble estimating time may include struggling to arrive on time for appointments and organising work tasks, along with the sense that there is never enough time. It becomes difficult to make day-to-day life work, as Kristine describes:

"*Time just disappears, without me knowing where it's gone! I think I try to fill my days with too many tasks and put pressure on myself by thinking that I'm going to do five things when I get home from work, when I've probably only got time to do*

one of them. I always underestimate how much time it takes to get something done and end up feeling guilty when I can't manage to do all the things I'd planned to do."

Indecisiveness and 'procrastination disasters' may appear to reinforce each other and be particularly problematic when it comes to open-ended tasks and deadlines far in the future:

"*I definitely feel that I use my time more efficiently on busy days, but it can be difficult to work in a structured way and make good use of my time if I'm working on a major task that's not due for a long time. And if I'm working on something on the computer that requires a lot of mental effort, I end up going online as soon as I have to start thinking a bit harder about something, which is frustrating."* (Kristine)

Andrea describes similar difficulties:

"*While writing my master's thesis, I was working less alongside my studies to free up more time for my thesis. Despite that, I didn't manage to get to school until well into the day. I started browsing the internet and didn't write a single word. I ended up finishing and submitting my thesis the night before I was scheduled to move to start a new job."*

Emily describes how indecisiveness and difficulties in making both small and big decisions can drain a lot of energy:

"*I really struggle to make decisions, especially if I have several options to choose from. I also tend to make a decision, then change my mind, and then change my mind yet again. I flit from one option to the next and drive myself and everyone else crazy."*

Difficulties with concentrating and organising things make it harder to complete important tasks and keep track of them:

”There’s a lot I could have felt, and do feel guilty about, because I just can’t get things done, even things I feel are important. I use the calendar on my phone to organise and keep track of things. I get loads of reminders all the time. (Hanne)

Information documents I have to read and emails I have to reply to. Things like that can really stress me out because they seem so endless. Just the thought puts me in a bad mood. The best thing would be to just get on with it, but it’s so boring that I can’t even bring myself to look at it. I’ve actually put important papers in a pile with articles I need to read, because I thought that if there are important papers in the pile, then I’ll have to go through it – but now I can’t even remember what sort of papers are there! I’ve also got lots of lists of things I need to do – which I don’t stick to – and some of them are probably 10 years old! (Kristine)

Rarely do I ever have a

THOUGHT

by itself.

It's more like:



so I usually end up
OVEREXPLAINING (or) BEING TOTALLY INARTICULATE

Challenges with emotional regulation

” *I have major problems with anger and with controlling my emotions. ADHD isn't only about trouble with attention and poor organisational skills. (Andrea)*

Problems with emotional regulation and frequent mood swings are common aspects of ADHD and can have negative consequences for social skills, mental health, and how one functions at school or work. Many people with ADHD describe a tendency to experience and express emotions more intensely than others, as well as being more affected by their emotions.

Combined with impulsivity, this can cause them to react before they have time to assess what they are reacting to or the consequences of what they are saying. This can also lead to conflicts and hurting others, only to be left feeling guilt and shame for losing self-control. Women with ADHD say that they are often told they are overdramatic, oversensitive and that they overreact. It can be frustrating when emotions and reactions are dismissed as oversensitivity, because in the moment it feels right to react strongly when feeling a surge of emotion. Many realise in hindsight that their reactions were too intense, but struggle to control their emotions when in the middle of it, as Emilie describes:

” *One of my main problems as a child was regulating my emotions. I remember having tantrums that frightened me, because I realised I couldn't control them – and I didn't even know why I was so upset. This is something I still struggle with: when I get angry, I say exactly what I'm thinking. I can say very hurtful things to my partner or make harsh comments at work that people take offence at. Sometimes I'm not even aware of the tone I'm using when I say things, or that what I say might come across as hurtful or offensive. Or, even if I am aware of it, I usually move on after ten minutes, while others are still hurt or angry with me, and I don't quite understand why.*

Some people find that their emotions become overwhelming and take up too much space in their daily lives. Emotional intensity can also make someone less attentive to other important information in their surroundings, or less able to see things from others' perspectives. Reacting rapidly and intensely to emotional stimuli can, over time, leave someone feeling controlled by their emotions and unable to manage them. This type of loss of control can feel frightening, unpleasant and inhibiting, for example in social situations, and contribute to a general fear of losing control. For some, this can develop into unhealthy ways of trying to regain control, such as an obsessive-compulsive disorder or an eating disorder, while the fear of losing control can also act as a protective factor against such things as substance abuse (described in Part 3).

Sosiale utfordringer

” *I find being in a large group of people exhausting. It gets a bit overwhelming when there's a lot going on at once. As a child, I felt a bit like an outsider socially, and I preferred to be with just one person at a time. I would also – without meaning anything by it – say things that others thought were inappropriate and reacted negatively to. So I felt odd and different, but I've always managed to make friends. I probably found people who are like me – other people with ADHD. (Inger)*

” *My daughter (who has ADHD) has minor social difficulties that most people don't notice, but they still make it difficult for her to form close friendships, because she doesn't quite understand the other girls, and they don't quite understand her. (Hanne)*

The statements from Inger and Hanne illustrate how difficulties in understanding and picking up on social cues and signals can complicate social relationships for girls with ADHD. Many struggle to interpret facial expressions and body

language, which makes it difficult to adapt their behaviour and reactions to the situation they are in and the people they are with.

Women with ADHD may be either hyper- (over) or hypo- (under) social. While some may be quiet, shy and withdrawn, others can be 'hyper-talkative' and almost verbally aggressive – constantly joking or teasing others and failing to realise when enough is enough. They may interrupt others and say exactly whatever comes to mind. Many struggle to recognise and understand their own and others' emotions and behaviour, distinguish between different types of emotions, and to use this information to guide their thoughts and actions. The result may be that they come across as not 'girlish' or socially sensitive enough, or that they are perceived as too boisterous and tiresome. Consequently, girls with ADHD often find themselves rejected by their peers.

Some of the difficulties associated with ADHD can make it particularly challenging to form and maintain friendships, both in adolescence and adulthood. Attention difficulties and poor working memory can make it hard to follow a conversation and remember what they were going to say. They may often arrive late for meetups or forget to reply to phone calls, emails and messages due to time blindness or difficulties with planning. Furthermore, forgetfulness may mean that they fail to follow up on important events, friends and family members, which may be interpreted as a lack of interest or consideration for others. However, there are also many aspects of ADHD that contribute positively to friendships, such as spontaneity, imagination, humour, thoughtfulness, openness and enthusiasm.

3. ADDITIONAL CHALLENGES AND CONSEQUENCES OF A LATE OR MISSING DIAGNOSIS AND SUPPORT

Much of ADHD is neurological, but a lifetime of living with ADHD creates a whole lot of psychology (psychologist and author Ari Tuckman)

Comorbid disorders

Around 75 per cent of adults with ADHD have at least one comorbid disorder. The most common are mood disorders, anxiety disorders, personality disorders, substance abuse, eating disorders and sleep problems. When diagnosing and treating ADHD, it is therefore extremely important for any comorbid disorders to also be assessed and treated, to reduce the overall symptom burden. The risk of developing comorbid disorders and more severe symptoms of these increases when an ADHD diagnosis is not detected and treated. The development of comorbid disorders may not only be influenced by innate biological vulnerability, but also by what the individual has experienced at school and work and in day-to-day life. Some people may try to compensate for their inner chaos and restlessness through excessive external structure and control, which may contribute to the development of eating disorders and

obsessive-compulsive disorder, or they may use alcohol and other psychoactive substances as a form of 'self-medication' and a way of numbing their problems.

Andrea explains how the combination of ADHD, stress and feeling a lack of control can negatively reinforce each aspect and lead to both anxiety and physical symptoms:

 *I walk around with the feeling that things could come crashing down at any moment. If I can't manage to hold on to a job and an income, then my whole life will come crashing down. It's terrifying to think about! When I lost my job and was unemployed for 1 ½ years a few years ago, I developed severe anxiety and cardiac arrhythmia. I've been anxious all my life, but the strain and stress of being out of work did a lot of damage. Eventually, it reached a point where I thought, "I might just take my own life. If I don't get a job soon, I'm going to take my own life." I could no longer see a way out of my problems, and if I have no job and no money, then I'm nothing.*

Self-harm, suicide attempts and suicide

Self-harm is a growing problem among girls in today's society in general, but among girls with ADHD (particularly the combined type), it has been found that the prevalence of self-harm is significantly higher than among girls who do not have this diagnosis. ADHD is also associated with an increased risk of suicide, suicidal thoughts and behaviour, particularly among girls and women. Poor impulse control is likely part of the explanation for why self-harm occurs more frequently among girls with the combined type of ADHD than among girls with the inattentive type.

Recent studies show that the number of deaths by suicide is as much as five times higher among adult women and men with ADHD, compared with people without ADHD, which indicates that the diagnosis can result in widespread and serious problems well into adulthood.

Anxiety and excessive rumination and worry

Anxiety and mood disorders occur more frequently in women with ADHD than in men with this diagnosis and in women without ADHD. Many women with ADHD report that they struggle with constant and excessive rumination and worry. They are unable to stop thinking about or analysing things that have happened, or to avoid worrying about things that might happen in the future. Repeated experiences of poor coping skills and control, and the resulting sense of unpredictability on a daily basis can make them more vulnerable and more likely to develop a cognitive style characterised by excessive rumination and worry. This contributes to a greater risk of anxiety and depression. A tendency towards excessive rumination and worry has also been linked to problems with self-regulation.

” I worry constantly, which disrupts my sleep. I struggled to sleep as a child too. My mum said it was because I thought too much, and that's true. I overthink things and have been told that I'm oversensitive. (Andrea)

” I have a bit of social anxiety, but my son with ADHD has none of that, because... it simply boils down to the fact that people expect different things from girls and boys, and that boys don't necessarily try so hard to fit in. (Hanne)

Inger, Hanne and Kristine describe how difficulties with attention and organisational skills, in addition to indecisiveness, directly contribute to anxiety:

” I struggle to speak in front of groups. It can, of course, be nerve-wracking for most people, but when you have organisational and attention difficulties, it can be particularly challenging and anxiety-inducing because giving a talk requires you to be able to organise your thoughts. (Inger)

” I struggle with anxiety linked to indecisiveness, and I overthink things a lot, which I don't like. (Kristine)

” Problems with establishing and sticking to routines make everyday life unpredictable, which makes it hard to relax. Without routines to fall back on, you're constantly having to make decisions, and I think my inability to establish good routines sometimes leads to anxiety. (Hanne)

Substance abuse and associated criminality

Studies of adults with ADHD show that most have not received psychiatric or medical treatment in adulthood, and that many have developed problems with drug and alcohol abuse or addiction and subsequent criminal behaviour. The risk of substance abuse in adulthood is doubled for people with ADHD compared to the general population, and approximately one-third of young people and 20–50 per cent of adults struggling with substance abuse have ADHD. People with substance abuse in addition to ADHD tend to start using drugs earlier, become dependent more quickly, and have lower recovery rates compared to people without the diagnosis. Because ADHD and substance abuse so frequently appear together, it has been suggested that everyone entering treatment for substance abuse should be assessed for ADHD.

Academic difficulties and problems with inattention can predict the future use of both nicotine and illegal drugs, particularly among women with ADHD. At the same time, symptoms of anxiety and depression have been identified as protective factors against substance abuse, as illustrated by the experiences of Hanne, Kristine and Andrea:

” *At secondary school, everyone smoked marijuana, while I avoided it because it made me feel as though I had no control, and that feeling makes me depressed. During my years at university, I once tried some diet pills containing ephedrine. I remember taking them before doing my homework, and suddenly everything seemed so clear and simple! At first, it gave me a feeling of euphoria, but then I got scared. I felt that surely this must have meant I was prone to addiction! So I never took the pills again, simply because I really liked the feeling they gave me and became afraid of losing control and becoming addicted.* (Hanne)

” *In secondary school, I already felt stupid, and I thought that if I tried drugs, I'd do worse at school or actually kill some brain cells. So I was much more careful with that sort of thing than others my age.* (Kristine)

” *I spoke to a friend who also has ADHD about how all the difficulties we've experienced could easily have led to substance abuse. We agreed that if it hadn't been so socially unacceptable for girls to drink – my dad would have killed me if he'd caught me drinking or taking drugs – then we would have been alcoholics and drug addicts, just like my brother with ADHD. There's a greater acceptance of boys drinking.* (Andrea)

Self-esteem, self-confidence and belief in coping skills

Low self-esteem and self-confidence are a widespread and serious problem among women with ADHD. Many struggle to understand and explain to themselves and others why they underperform, fail to maintain focus or organise their daily lives, struggle with things that 'everyone else' can manage, or constantly end up in conflicts with others. In addition, self-esteem can be undermined by frequent negative feedback from those around them, as Inger describes:

” *At school, I definitely felt that I wasn't smart enough, which took its toll on my self-confidence. Nobody called me 'stupid' to my face, but I was always told that I could do better, or asked if I was working hard enough, and the comments I received were by no means positive, so I lost faith in myself.*

Many people first suspect they might have ADHD when they reach adulthood, after reading about the condition, or when their own children are diagnosed. Unfortunately, doctors often fail

to consider ADHD in adults who were not diagnosed as children, and instead interpret irritability, feelings of constantly being overwhelmed, and symptoms that resemble anxiety and depression, as signs of disorders other than ADHD.

Repeated experiences of failure and of being 'different' without being able to explain why can gradually increase the risk of developing low self-esteem and self-confidence due to self-reproach, feelings of inferiority and shame. The consequences of low self-esteem include a reduced quality of life and less joy in life, as well as an increased risk of internalising stigma and of developing mental health issues. Consequently, there is an increased prevalence of anxiety and depressive disorders, eating disorders, substance abuse and sleep disorders among women who are not diagnosed with ADHD until adulthood. A late diagnosis is also associated with difficulties in coping with parenthood, work, home and private life, as well as a higher risk of broken relationships and becoming a single parent.

Furthermore, the individual's experiences of a lack of control over emotions, behaviour and significant life events can contribute to reduced coping skills and learned helplessness. Over time, negative self-perceptions may come to feel as though they define who the individual is. This makes it more difficult to accept praise and to take credit for any achievements – which is important for maintaining and developing self-esteem.

Inger explains that she never received praise as a child, and that now, as an adult, she is working to develop a belief in herself: "There are parts of myself that I need to forgive, and I'm working on building my self-confidence". This can be challenging after years of negative feedback and self-talk, which is why it is essential to address this issue early and focus on experiences of mastery, self-efficacy and other

measures that strengthen self-esteem and belief in one's ability to cope.

Inger believes that damaged self-confidence and self-esteem are among the most serious consequences of a late diagnosis, while Kristine and Emilie emphasise the importance of early diagnosis and support for self-esteem, self-efficacy and functioning in the long term:

 *I wish I'd been diagnosed earlier, because I think it would have helped me understand why things seemed more difficult for me than for others. Especially in terms of school and studies, where I felt others learned and understood things much faster than I did. I've always felt that things seem so much easier for other people, and wondered why – and how – they seem to have everything under control.*
(Kristine)

 *I was a happy and well-adjusted child, so it wasn't as though I was directly suffering because I wasn't diagnosed as a kid. But I missed out on the chance to learn many of the things I now have to work on, like time management, organisational skills and things like that.*
(Emilie)



4. ADHD AT SCHOOL, WORK AND EVERYDAY LIFE

Studies that have followed girls with ADHD over time show that many continue to struggle with inattention and academic, social, neuro-psychological and psychological difficulties from childhood into adulthood. Difficulties with focus, organisation, and motivation are examples of challenges that, if left untreated, may lead the individual to drop out of school, despite having good abilities and high intelligence. Consequently, they risk missing out on jobs and opportunities they could have managed with the right help and support throughout their education. Because completing an education opens up more and better career choices, support measures must be provided as early as possible to prevent school dropout and increase the chances that people with ADHD can use their abilities and reach their potential.

School and higher education

Academic challenges are common among people with ADHD, and are often attributed to hyperactive and disruptive behaviour. However, research indicates that inattention and difficulties with focus are the strongest predictors of academic functioning and educational attainment. Hyperactivity alone contributes only to a lesser extent to academic problems. The consequences of inattention include highly variable and situation-dependent levels of results, performance and effort over time, or possibly 'chronic underachievement', which entails a significant discrepancy between intellectual abilities and academic results. This is something that is often overlooked or not interpreted as a sign of ADHD by those around them, and many girls also manage to conceal

their inattention and organisational difficulties through compensation strategies, a high IQ and/or a structured and supportive school and home environment. Inger, Kristine and Hanne describe some of the challenges they encountered at school:

” *I used to daydream a lot during lessons at school when I was little. Unless I was really interested in the subject, I couldn't keep up, so I had to put extra effort into my homework in my spare time. I remember spending my weekends on schoolwork. (Inger)*

” *I think some people found school to be a breeze right up to upper secondary school, while I found it exhausting already from primary school onward. I remember sitting and doing homework late into the evening, even as a child. (Kristine)*

” *I tried to get better at planning and getting started earlier, but I just couldn't manage it. It was as if I needed that feeling of panic to get enough adrenaline flowing to motivate me to do anything. It's extremely stressful! Especially since you also get so angry with yourself. You think, 'I'm so stupid – here I go making the same mistake again, why can't I just get started on things earlier?!' (Hanne)*

Hanne has a son with ADHD and a daughter who is being assessed for ADHD, and found that her son received good help and support at school, largely because his difficulties

(hyperactivity) were so obvious to those around him. She is, however, concerned that her daughter's problems with inattention are not being taken seriously by the school:

” *While my son received every possible kind of help and support for his ADHD, my daughter – who probably also has ADHD – isn't going to get the same support because she looks as if she's paying attention in class, even though she isn't. I think about how shameful it is that my daughter – who is just as clever, creative and capable as her classmates – is at risk of being judged by her teachers as being just a bit distracted and simply not as clever as the others. My daughter isn't seen as a problem at school, and I'm viewed as being odd for thinking she has problems. (Hanne)*

” *Many women with ADHD find that their symptoms and difficulties become more pronounced over the years, as they face new and increasing demands for independence, self-structuring and multitasking:*

” *Things started to become more problematic when I was around 17–18 years old. I think I changed my study programme seven or more times. It was difficult to choose because I was interested in so many different things. I really struggled to prioritise and manage my time. At university, I went to the health centre and asked for an assessment for ADHD, but they probably thought my problem was anxiety. And I definitely struggled with a form of anxiety, because my difficulties with organisational skills were driving me mad. (Kristine)*

At school, I did better than many of the other kids, but there were ups and downs all the way. I was told that I was very clever, but I struggled to force myself to work in a consistent and structured manner, and not just on the night before an exam. That was what I always ended

up doing. Somehow or other, it worked for me, right up until I started working. When you have to perform on a daily basis and not just for exams – that's when things get much harder. There's no point in being clever if you can't be a workhorse, like others are. (Andrea)

The transition from primary school to student life can be a major challenge for someone with ADHD. From having set structures, timetables, supervision and regular tests to follow, they are increasingly required to manage and structure their own study routine, as well as their leisure time and day-to-day life. In addition, academic demands continue to increase, which in itself can be positive because they are being intellectually challenged and given the opportunity to focus on subjects that really interest them. The problem is that the external structures disappear at the same time.

Organisational difficulties mean that many students spend a great deal of time and energy trying to stay on task, while difficulties with motivation make it hard to engage with and focus on tasks that are not perceived as interesting or immediately rewarding. At the same time, many individuals manage to focus and perform extremely well on tasks that meet the criteria mentioned here. It therefore becomes clear both to the individual and those around them that any other poor results are not due to poor abilities. In cases where ADHD is undiagnosed or where there is a lack of knowledge about the difficulties associated with this condition, there is a risk that these difficulties will be attributed to personal faults and shortcomings, such as laziness, poor effort and a lack of willpower.

Employment and working life

Compared with other internalising and externalising disorders, ADHD is associated with a significantly higher risk of reduced work capacity and incapacity for work in adulthood. Many have not completed an education or held

a job corresponding to their intellectual abilities. At least 56 per cent of adults with ADHD have not completed higher education beyond upper secondary school, and just as many are unemployed or receiving disability benefits in adulthood. One recent Norwegian study of adults with ADHD revealed that only 22 per cent of the participants in the project had regular employment as their source of income, compared with 72 per cent of the general population.

Psychosocial functioning in childhood predicts later functioning in working life, and early social and educational interventions for children with ADHD are therefore crucial for preventing functional difficulties in both the short and long term. Delayed medical treatment for ADHD, severe difficulties with attention and comorbid disorders are the main causes of school dropout, discontinuing higher education, and becoming incapacitated for work. And far more women than men with ADHD are on long-term sick leave. This may be because women tend to receive a diagnosis and subsequent treatment later in life, because they are at greater risk of developing comorbid disorders, or because women tend more often to end up in occupations that are less compatible with ADHD. In addition, women are expected to be more well-organised and conscientious than men and may therefore become exhausted by tasks that men do not necessarily feel they need to take as much responsibility for.

At school and at work, it is not necessarily the volume or difficulty of the work that causes problems, but rather challenges with prioritising, organising and planning, as well as maintaining motivation. Many struggle more with simple routine tasks than with demanding tasks, as well as with impatience and time-management difficulties:

” *I struggle with impatience, which can make it very challenging for me to sit*

through long work meetings and negotiations. I reach a point where I feel this intense urge to stand up and shout ‘let’s just wrap this up and get out of here!!’ (Emilie)

” *My performance at work varied a great deal. I was given all the big, challenging tasks because anything that presented a challenge interested me, but once the challenge was solved and only the routine work remained, I couldn’t bring myself to finish it. (Hanne)*

” *The thing about ADHD is that if you lower the standards and expectations you set for yourself, you also reduce your effort and end up doing a poorer job. I think that (positive and consistent) pressure is what works for people with ADHD. No matter how much you lower your expectations of yourself, you’ll still struggle to get to work on time and to finish your work by the deadline. (Andrea)*

For information on reasonable adjustments and adaptations to the workplace:

The Equality and Anti-Discrimination Ombud. Practical guidance on individual reasonable adjustments and adaptations due to reduced function in the workplace:
Search for: [praktisk-veiledning-om-individuell-tilrettelegging-i-arbeidslivet1.pdf](#) på [www.ldo.no](#).

Daily function and quality of life

A poorer quality of life and mental health problems arising as a result of ADHD are very common issues amongst women with ADHD. Consequently, adult women with undiagnosed ADHD often see their doctors for problems related to anxiety, mood disorders or substance abuse, or because of conflicts at home, at school or at work.

Relationship and social challenges and problems with organisational skills, attention and focus, in

addition to a fluctuating ability to follow through with things, can contribute to chronic psychological stress and distress, as well as a sense of lack of control in life. Stress-related conditions such as fibromyalgia and chronic fatigue syndrome are therefore more common among women with ADHD than among women without this diagnosis.

What can be most distressing for people with ADHD are their difficulties with managing the 'basics' of day-to-day life, such as remembering appointments and special occasions, arriving on time for things, paying bills on time, keeping the house tidy, and balancing work, exercise and social obligations.

The feeling of failure becomes a daily occurrence, and the sense of defeat becomes perhaps more pronounced when they are unable to manage what 'everyone else' appears to manage – seemingly without effort. They may also find that they struggle with things that only happen occasionally, such as organising a birthday party or giving a talk. This sort of problem – which has become more pronounced over the years – was one of the reasons Emilie began to suspect she might have ADHD:

 *I struggled terribly to keep things clean and tidy at home, and at work I had trouble learning simple things – things I felt should be easier for me to manage. I really wondered what the reason might be for these little things seeming more difficult for me than they ought to be, and apparently more difficult for me than for other people. Now that I'm in my thirties, I'm facing new kinds of challenges. I struggle to manage many of the skills I need to build and maintain a good relationship, and the consequences of this become clearer the older I get – something that has definitely affected my self-confidence. One thing I've learned as I've gotten older and been given more complex tasks at work is the value of preparing properly, rather than jumping in at*

the deep end. There are things I have to work a bit harder on now than I did before, both at work and in my private life. (Emilie)

5. GENDER-SPECIFIC CHALLENGES

The conflict between ADHD symptoms and gender-related norms and expectations

” We women are sort of brought up to take on a lot of responsibility and make sure that things are in order. When we come home tired from work, the working day isn't necessarily over, whereas I feel that men are, to a greater extent, brought up to think it's fine to relax when they get home. Women are almost expected to be born with the ability to organise and keep things in order, and I think that can be an extra challenge for women with ADHD. I've heard people say that if their home is messy, their in-laws and parents automatically blame the woman for it, and that's completely unfair. (Kristine)

Compared with boys, girls are more often expected to, and raised to believe that they must behave politely, be compliant, apologise, follow the rules set by their parents and teachers, and not argue or protest. This means that girls may also risk being judged more harshly by others around them if they display the same hyperactive, impulsive or disorganised behaviour that the boys are exhibiting, as this breaches the norms for 'feminine behaviour'.

Girls are also often expected to behave in a more mature and responsible manner than boys, for example by suppressing their anger and anticipating the consequences of their actions. Furthermore, difficulties with organisational skills, problems with detailed and routine tasks, as well as forgetfulness, tend to be accepted more readily in men than in women. This was something Hanne experienced at her workplace,

where she was very competent with the demanding tasks, but struggled with routine and tidying up afterwards.

” I actually think that if I were a man with the same talent, I'd be seen as a 'genius', and people would simply have given the routine tasks to someone else. I think women are expected to do the tidying-up as well, on top of their main job – and if they can't manage it, they receive negative feedback, while men in the same situations are often met with a more understanding attitude. (Hanne)

Today, women have opportunities and rights that were previously largely reserved for men, for example, in terms of education and careers. This is undoubtedly positive, but at the same time, changes in gender-related norms and expectations in today's society place enormous pressure on girls and women. This is because women are still expected to master traditional 'feminine traits and roles', such as being empathetic, calm, a good (house)wife, and skilled at building and maintaining relationships, in addition to what were previously regarded as 'masculine traits', such as being competitive and driven in education and careers. Women may therefore experience twice the responsibilities and expectations, as they still bear primary responsibility for child-rearing, the home, and family life, in addition to full-time study or work. Coping with such a combination of demands and expectations can be challenging for any woman, but perhaps particularly for women with ADHD, who often struggle with social relationships and with difficulties relating to structure and organisation, in addition to inattention.

The social challenges that often accompany ADHD can be extremely stressful, particularly when these lead to exclusion and conflicts with friends. Being rejected by others and failing in social relationships can feel like a painful confirmation that they are different and flawed. In an attempt to fit in, many girls with ADHD expend a great deal of energy on trying to hide their symptoms and compensate for them, thus missing out on opportunities for vital assistance and support.

ADHD and motherhood

Difficulties with organisation and planning, problems with self-regulation and low tolerance for stress and frustration are some of the factors that can make it particularly challenging for a woman with ADHD to be a mother. When a mother has ADHD, this also increases the likelihood that her children will eventually receive the same diagnosis, and many mothers with ADHD worry about how their own children will cope with school, work, stigmatisation and their personal lives. Several say they fear they won't be good enough mothers, that they struggle with guilt because they feel they don't take their children to enough activities, and that they worry about how others view them as mothers.

” *Things became much harder for me after I became a mother because of the constant interruptions from my children. I remember being completely exhausted by the end of the day. There are so many things you have to organise and remember as a mum. At work, it was much easier – everything was organised. If I had a problem, I could just phone someone and get it sorted, but you can't do that with kids. Becoming a mother means that I had to take on a lot of responsibility on my own, which was stressful. (Inger)*

” *I am definitely not like other stay-at-home mothers who find the time to do all sorts of things. I have more than*

enough just keeping the house tidy and making sure the kids have space to do their homework. I don't feel like I'm able to manage much. There are a lot of things I'd like to do, but I don't have time because it takes me so long to get started on things. (Hanne)

” *I'm always late when I drop my daughter off at kindergarten, and I can tell what the staff are thinking: that I'm a bad mum. I have friends who are always taking their children to various classes and activities, while my kids aren't signed up for any extra classes – it's all just too much for me to handle. (Andrea)*

” *I feel so guilty about my son for having given him ADHD. Because of me, he risks having to go through the same misery that I've gone through. I worry so much about how things will go for him and how he'll get on in life. (Andrea)*

Hormones

” *The week before my period, I get really moody and anxious. I’ve often felt like I was a completely different person that week. It feels so silly, this whole emotional thing that builds up until I start thinking that I’m going mad – and then I get my period and realise, ‘oh right, so that was all it was!’. And the same thing happens every month, of course. (Hanne)*

” *I remember that my thinking became very sluggish during my pregnancies: I felt I wasn’t able to understand a single thing. We were going through a major system change at work, and I had to take a course to learn about it. I remember it seemed completely incomprehensible. I’ve never thought that it could in any way be related to ADHD. (Inger)*

In girls, symptoms of ADHD often become more pronounced during puberty, which is thought to be linked to an increase in the levels of female sex hormones, which can affect and result in changes to the neurotransmitter systems involved in ADHD. Women’s levels of sex hormones fluctuate throughout their lives, for example in connection with menstruation, pregnancy, breastfeeding and the menopause. Many women with ADHD find that the intensity of their symptoms is affected in line with these fluctuations, and that they struggle with premenstrual symptoms, and/or experience adverse effects from hormonal contraceptives. The effect of ADHD medication may also be influenced by hormonal fluctuations. Women with ADHD are at a higher risk of postnatal depression than women without this diagnosis and can be offered additional follow-up care from a doctor and hospital in connection with pregnancy and childbirth.

For those experiencing changes in mood and in the intensity of ADHD symptoms in connection with hormonal fluctuations, it is

often a great help simply to know that this is a common phenomenon.

Logging your menstrual cycle in a journal can make it easier to understand, manage and keep track of such fluctuations, and may enable you to reduce stress and focus more on self-care during vulnerable periods.

Intimitet, samliv og seksualitet

Sometimes I wonder – when it comes to inti-

” *macy – whether my friends manage to focus on it over longer periods, and I wonder whether it’s even a ‘focus area’ at all. I mean, it takes a while to get into it, and then you have to stay focused... I wouldn’t say it’s a major problem, but I wonder what sort of experiences others have with it, whether focus is an issue for them. (Kristine)*

Difficulties with focus and attention, communication problems, forgetfulness, impulsivity, and a low threshold for frustration are all examples of ADHD-related difficulties that can complicate intimacy and relationships in various ways. Impulsivity in the form of ill-considered choices, combined with forgetfulness (e.g. forgetting to use contraception), can be a particular challenge for women with ADHD, who are more likely to experience an unplanned pregnancy than women without this diagnosis. It may therefore be particularly important for women with ADHD to be more mindful of the contraception they choose, and to select methods they don’t have to remember each day, such as an IUD rather than a pill.

6. STIGMATISATION AND NORMALISATION OF ADHD

 *I think that in society in general, there is a form of fear and a lack of understanding and sympathy for anything to do with mental illness. Most of all, I think that ADHD is still being viewed as a childhood condition and that adults with ADHD are considered immature – as if they choose not to behave like adults. I feel that there is a very strong stigma attached to taking medication to treat ADHD, and that’s exhausting. (Emilie)*

A stigma can be described as a ‘social label’ (e.g. ADHD) that distinguishes a person or group from others and associates them with negative characteristics. A growing number of studies show that ADHD is subject to many of the same myths and prejudices that characterise the stigmatisation of mental health conditions. Stigma is socially constructed and involves:

- **Stereotypes:** negative, generalised notions of what a particular group ‘is like’ (e.g. immature, weak-willed, irresponsible)
- **Prejudices:** widespread agreement on these perceptions, and/or negative emotional reactions to them (e.g. anger, fear, moralising)
- **Discrimination:** behavioural responses to these prejudices (e.g. avoidance behaviour)

One possible explanation for the stigmatisation of mental and behavioural disorders is the widespread belief that individuals

themselves have control over their symptoms and are therefore responsible for their difficulties. The lack of knowledge about the symptoms and the fact that difficulties associated with ADHD are often not physically observable and can present differently depending on individual, situational and developmental factors may cause people to trivialise the symptoms or view them as simply a matter of willpower.

Three misconceptions in particular often recur in debates on ADHD:

- ADHD is a ‘trendy’ diagnosis
- ADHD medication is equivalent to a psychoactive substance, and/or is dangerous to use
- ADHD is over-diagnosed

The way ADHD is portrayed, particularly in the media, is of great significance for general awareness and understanding of the diagnosis, and not least for how people with ADHD perceive themselves, because – as Erving Goffman writes:

“Their image of themselves must daily confront and be affronted by the image which others reflect back to them”.

When a person with ADHD is confronted with references to the disorder as a ‘trendy’ diagnosis or as a common and trivial problem, they may find this offensive. It can also negatively reinforce an already fragile self-image, characterised by self-doubt as to whether they actually

have ADHD or if they are simply lazy and stupid. The feelings of inferiority, guilt and low self-esteem that often accompany ADHD increase the vulnerability to self-stigmatisation, which means accepting negative social attitudes as true and descriptive of oneself.

One thing that is often not emphasised sufficiently in the debates surrounding ADHD is that correct diagnosis and treatment can enable an individual to make significant progress and function well with the diagnosis. The consequences of undiagnosed and untreated ADHD can, however, be both serious and extensive in the long term, and the health risks associated with untreated ADHD are far greater than the risk of experiencing serious side effects from medication.

Normalising ADHD-related difficulties as something 'everyone experiences from time to time' only serves to undermine the seriousness of these challenges, which means they may not be taken seriously, as described by Andrea and Kristine:

"ADHD is an invisible disability, so you get no sympathy or understanding from others. People think it's a fake disorder, or just an excuse people use when they fail or can't manage their lives. People with ADHD seem normal, and everyone has periods when they put things off or aren't able to concentrate – but not to the same degree or extent as those with ADHD. (Andrea)

"I think that people view ADHD as an excuse for being unfocused and undisciplined – that it's just a matter of pulling yourself together. I don't think people see ADHD as being as real as, say, anxiety or depression. If I tell others about my own ADHD, I often hear things like "oh, but I put things off too" or "I'm disorganised as well!". Many people think these are just ordinary, everyday problems. (Kristine)

Fear of stigma is one of the main reasons why young people in particular choose to discontinue treatment for ADHD, despite a continuing need for help due to severe difficulties. Other consequences of stigma for people with ADHD include a poorer quality of life, low self-esteem, less belief in one's own abilities, and the decision to keep the diagnosis a secret, as exemplified below:

"I function well and am not hyperactive, so if I told people I have ADHD, I think they'd look at me as if I were speaking Greek or something. I don't think people fully understand what it means to have ADHD. (Inger)

"I've told almost no one that I have ADHD. People would just laugh at me. That's the tragic thing about having ADHD: no one takes you seriously or believes you if you say you have it. If I'd told management at work that I have ADHD, I think they may see that as an excuse to fire me. (Andrea)

"I haven't told any of my colleagues that I have ADHD. No one would have said straight out that it was a problem, but there's too much stigma attached to ADHD for me to dare be open about it yet. I love my job, and I don't know if people would become sceptical or start looking for faults in me if they knew I had ADHD. (Emilie)

"If I have a daughter with ADHD, I don't want her to feel that ADHD is something to be ashamed of, or something you should hide and be afraid that others might find out about. If I'm going to convince my daughter of that, then I also have to be open about my own ADHD. If I want my child to have high self-esteem and to believe me when I say, 'You're just as amazing as everyone else – it doesn't matter if you have ADHD, and it doesn't matter if others know you have ADHD'. So I have to believe that this applies to me as well. (Emilie)

What can be done to combat normalisation and stigmatisation?

- Be mindful of how and in what contexts you talk about ADHD; for example, avoid an excessive focus on problems and dysfunction.
- Openness about and demystification of ADHD, both on a personal and societal level. Dissemination of research and evidence-based information. Increased focus on health as the result of the interaction between physical and mental factors.
- Greater focus on the harmful effects and additional problems resulting from stigmatisation.
- Take all aspects of ADHD seriously. Discuss the risk of incapacity for work, substance abuse, comorbid disorders, self-harm, suicide and other serious consequences. Also focus on strengths, positive aspects, treatment options and the potential for change with respect to neuroplasticity, as well as the fact that the brain continues to develop throughout life.
- Take care to avoid using words and terminology that come across as stigmatising, trivialising and judgemental. Avoid excessive normalisation, such as statements such as 'everyone feels like that sometimes' and 'it's just a matter of pulling yourself together'.
- Distinguish between the person and the diagnosis: do not let the diagnosis define the person or explain everything the person does as a result of the diagnosis. A diagnosis is something you have, not something you are.

7. STRENGTHS AND POSITIVE ASPECTS OF ADHD

I tell you: one must still have chaos within oneself, to be able to give birth to a dancing star (Nietzsche, Thus spoke Zarathustra)

It is both important and interesting to highlight what people with ADHD find to be positive aspects of their diagnosis. One recurring theme in my own interviews with women with ADHD is that few of them would have opted out of the diagnosis if they'd had the chance, despite the problems it has caused. Several view ADHD as simply a different way of functioning, rather than a disorder, which can be positive provided the individual receives support for managing their challenges. Inger feels that the adversity she has faced has made her stronger and taught her that it pays to keep going:

” I know I'm clever, and if there's something I want to achieve, I know that I can do it. And I've probably achieved far more career-wise than many people I went to school with, because my creativity has helped me find solutions. Perhaps that's one positive aspect of ADHD. You're forced to find alternative solutions and to think creatively.

Frequently mentioned positive aspects of ADHD:

Hyperfocus

The ability to really put your heart and soul into what you're passionate about and interested in, and to then work efficiently, with motivation and intense focus over a long period of time.

Creativity, a vivid imagination, a rich inner life and a sense of humour

Having a wide range of interests and the ability to engage in and enjoy a variety of subjects and activities.

A spirit of adventure, spontaneity, playfulness and the courage to take risks

A thirst for adventure, spontaneity and a tendency to get bored if things are perceived as uninteresting or monotonous can, along with the courage to take risks, inspire you to follow your dreams and dare to make choices that lead to positive experiences and changes.

” At school, there were girls who got better grades than me, but why am I here and not them? It's because I'm more adventurous. I dare to take risks. ADHD does that to you. I was a sheltered girl from a conservative family who travelled to the United States on my own to study. How did I dare to do that? I think it has a lot to do with my ADHD. (Andrea)

Engagement, enthusiasm and passion

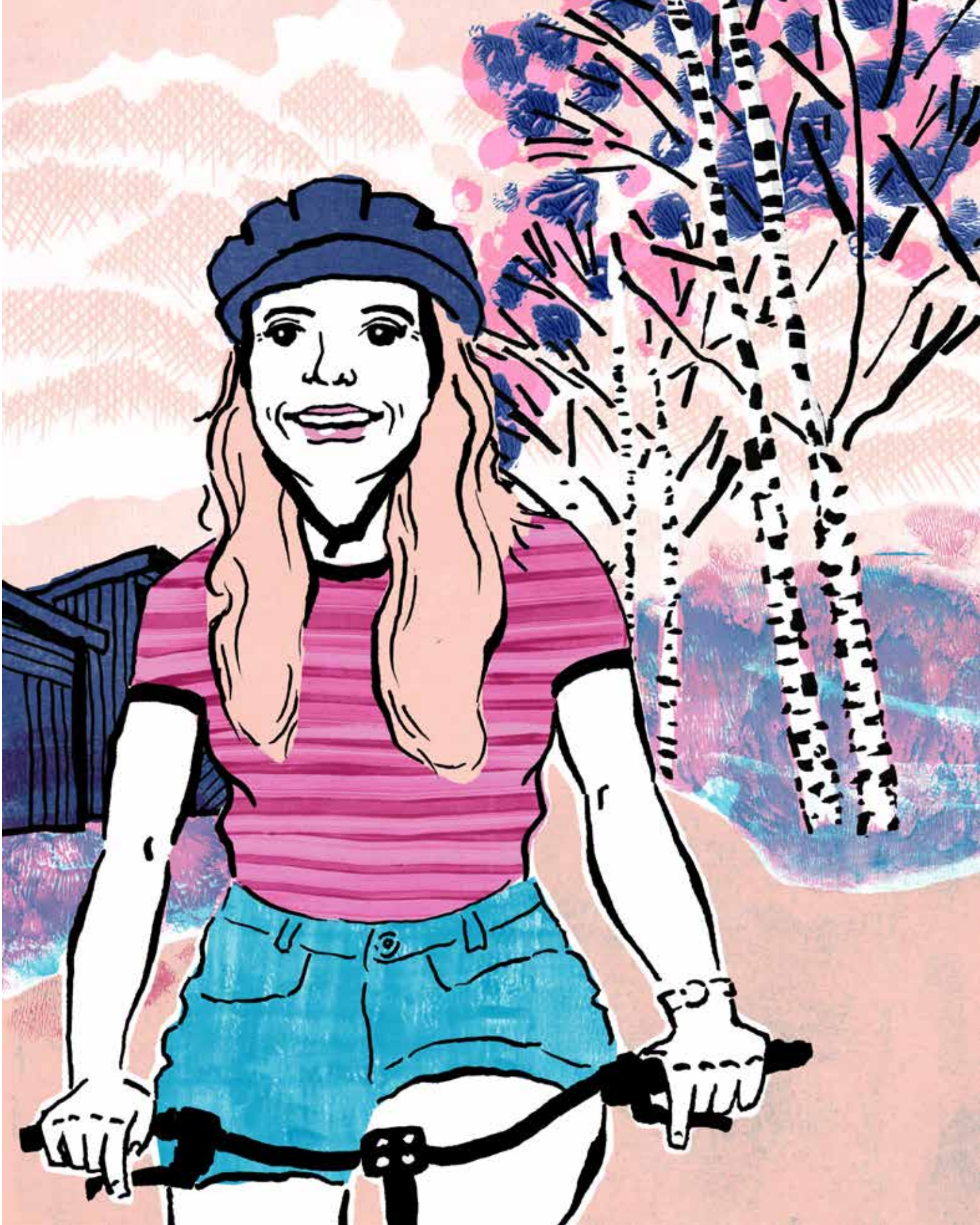
While being overwhelmed by negative emotions can feel both painful and frustrating, being overwhelmed by positive emotions can feel absolutely amazing! Having an intense emotional life can mean that everything from art and music to day-to-day experiences and falling in love is experienced and enjoyed in a manner, and with an intensity, that is perhaps only afforded to people without filters or inhibitions. This kind of engagement and passion can enrich both you and those around you.

Sensitivity

Feeling various emotions and impressions as strongly as many people with ADHD do can help make you a sensitive, caring and empathetic friend and partner – better at understanding and empathising with other people's experiences. Many people with ADHD describe themselves as sensitive, intuitive and compassionate individuals, who are deeply committed to issues of social justice.

Innovative thoughts and ideas

Seeing the world in different ways and noticing details and connections that others might not see can help foster innovative thinking and unique perspectives. Many people with ADHD have strong problem-solving skills and the ability to combine familiar elements into new, unique combinations, and a number of successful entrepreneurs, academics, artists, actors and musicians have ADHD.



8. WHAT CAN HELP?

Diagnosis

Receiving a diagnosis means that problems and difficulties are given a name and an explanation, and it entitles the person to treatment, adjustments and adaptations. The psychological effect of (finally) being seen and taken seriously is something many people find to be a great help in itself, as Hanne explains:

” *The best thing about being diagnosed was getting a confirmation that there was a reason for my problems – I no longer had to blame myself. But it can also take time to get used to the idea that you have ADHD, and being diagnosed as an adult can stir up feelings of sadness, anger and bitterness at not having been identified earlier. Changing unhelpful coping strategies and negative thought patterns that have developed over several years can also be challenging and demanding, especially when doing it on your own.*

Psychoeducation

Psychoeducation involves receiving information and knowledge about one's diagnosis, treatment options and other things. One treatment programme called PEGASUS has been developed in Sweden for adults with ADHD and their family members, which is specifically aimed at individuals diagnosed in adulthood. The treatment programme is based on cognitive behavioural therapy and psychoeducation, and provides information about medication and other therapy options, support measures, the importance of lifestyle factors, structure and strategies in everyday life, and

ADHD in relation to working life. The programme has yielded positive results, including improvements in psychological well-being, the quality of mental health, knowledge about ADHD and a reduction in anxiety. In Norway, this treatment programme is available at certain district psychiatric centres (DPS) throughout the country.

Cognitive and dialectical behaviour therapy

The Norwegian National Clinical Guidelines for the assessment, treatment and follow-up of ADHD refer to promising results from treatment approaches based on cognitive behaviour therapy (CBT), including dialectical behaviour therapy, for symptoms experienced by adolescents and adults with ADHD. The best treatment outcomes appear to be achieved through a combination of medication and CBT. For further information, see Knouse et al. (2010), Hirvikoski et al. (2011) and Young et al. (2015) (in the reference list).

Medication

Stimulant medicines have been used to treat ADHD for well over 50 years. Medication is effective in treating core symptoms and related difficulties (self-regulation, impulse control, planning and organisational skills, attention deficits, self-efficacy, social skills and learning abilities) and can help individuals to benefit more from other forms of treatment, such as cognitive behavioural therapy. The effect appears to persist with long-term treatment (2 years or longer), and early treatment with medication has positive long-term effects on academic performance at school and higher

education and on work performance.

Inger and Hanne provided examples of the effect they have experienced with medication:

” *I definitely notice a positive effect when I take my medication, mainly in that I am able to articulate my thoughts. I also have less trouble understanding new things. I think the medication helps me to process information. It strengthens my belief that I can manage things, which is so important for self-confidence and self-esteem! (Inger)*

” *I feel much less anxious and worried when I take my medication. It also helps me turn thoughts into action. Instead of looking at something and thinking ‘I have to sort that out’, only to do something else instead, I actually sort it out – right there and then. (Hanne)*

Fitness and exercise

For many people, exercise has a highly positive effect on general well-being, problems with attention and focus, internal and external restlessness, and sleep problems. A regular exercise schedule also helps create and maintain routine and structure in day-to-day life. Positive feedback from a fitness trainer and experiencing improved physical fitness also contributes to self-efficacy and mastery.

Social support

Support from family, friends, a partner or support groups for adults with ADHD can provide a sense of security, community and understanding. Openness can make it easier to avoid conflicts and to ask for help in overcoming challenges. Support groups for adults with ADHD can provide fellowship and help individuals feel less alone, while also providing the opportunity to share experiences and advice.

Coaching

A coach can help individuals sort out internal and external chaos, identify strengths and weaknesses, determine what they need help with and how it can be achieved. Many people will benefit from learning strategies to better organise their daily lives, keep track of their finances, and avoid conflicts in relationships with friends or partners. Other options may include learning to devise achievable plans and set realistic goals and expectations for oneself, learning motivation techniques, and learning relaxation and stress-management methods. There are also books offering tips and strategies for selfcoaching (see suggestions for further reading).

Adjustments, adaptations and assistive technology for study, work and daily life

Adults with ADHD may require varying levels of help and support relating to:

- Housing
- Finances
- Mental and physical health
- Managing substance abuse problems
- Relationships, parenting
- Leisure activities/work/education
- Assistive technology/accommodations

Some require a comprehensive treatment and follow-up programme, while others receive the help they need through medication, therapy, or workplace adjustments and adaptations, such as a quiet office rather than an open-plan office. At school and at work, it is important to have clearly defined tasks, boundaries and guidelines to follow. Getting help to develop structure and frameworks, as well as organising and getting an overview of thoughts and ideas, increases a person's chances of making the most of their creativity and abilities and helps them avoid getting bogged down in details.

Regular guidance and feedback can make it easier to keep the goal in sight and help to maintain effort and motivation.

Sleep improvement measures

Sleep problems are common among people with ADHD, and it is therefore particularly important to practise good sleep hygiene, such as going to bed and getting up at regular times every day, avoiding caffeine and television before bedtime, not taking medication too late in the evening, and keeping a notepad or voice recorder on the bedside table to help clear your mind. Light therapy or melatonin capsules before bedtime may also help with sleep problems. Individuals are encouraged to speak with their doctor if they are experiencing sleep-related challenges.

Other tips

- Structure and fixed routines, e.g. for exercise, housework, shopping.
- Write down the goals you wish to achieve, why they're important, and what it takes to achieve them. Reward yourself when you complete tasks, both big and small. Be aware of your own strengths and all the things you are able to achieve.
- Make tasks more manageable by breaking them down into smaller, more specific parts.
- Use a calendar or various apps to stay organised and on top of things, and to be reminded of appointments.
- Emilie says: 'It helps to think of ADHD as habits I've developed or need to develop, because habits are something I'm able to change, even if it's difficult. To motivate myself, I try to stay focused on the goals I've set for myself, and I celebrate small steps forward and victories because it makes me feel like I'm making progress.'

One thing that's helped me carry out my plans is to make them more realistic and achievable. It's good for my self-confidence too. Before, I used to think I'd make a huge number of changes all at once, only to fail to do any of them, and then end up feeling that I'd let myself and everyone else down'.

- Kristine says that keeping a diary: "helps me organise my feelings and realise that I'm actually making the most of my days and my time. Writing things down also helps me process information and makes it easier to retrieve that knowledge from my head later on".

First Aid Kit – My Silver Lining

*I don't want to wait anymore
I'm tired of looking for answers
Take me some place
where there's music and there's laughter
I don't know if I'm scared of dying
but I'm scared of living too fast, too slow
Regret, remorse, hold on, oh no I've got to go
There's no starting over, no new beginnings, time races on
And you've just gotta keep on keeping on
Gotta keep on going, looking straight out on the road
Can't worry 'bout what's behind you
or what's coming for you further up the road
I try not to hold on to what is gone,
I try to do right what is wrong
I try to keep on keeping on
Yeah I just keep on keeping on*

*I hear a voice calling Calling out for me
These shackles I've made in an attempt to be free
Be it for reason, be it for love
I won't take the easy road*

*I've woken up in a hotel room,
my worries as big as the moon
Having no idea who or what or where I am
Something good comes with the bad
A song's never just sad
There's hope, there's a silver lining*

9. SUGGESTIONS FOR FURTHER READING

BOOKS AND GOVERNMENT REPORTS

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