Attention Deficit Hyperactivity Disorder (ADHD) and Identity

Narratives of ADHD Experiences and the Impact of Diagnosis on Self-Perception in AFAB Individuals

Arianna Michaud, Department of Anthropology Dr. Jara Carrington, Department of Anthropology, University of North Texas

Individuals assigned female at birth are underdiagnosed.

Despite 45 years of research on ADHD in those assigned female at birth (AFAB), they continue to be under and misdiagnosed. Studies fail to take into account the effects of hormonal fluctuations on symptoms and as a result are inconclusive. Diagnostic criteria presented by the DSM-V focuses on external symptoms, failing to include the internal symptoms that AFAB individuals experience. The need to rule out other disorders, adding a barrier for those with comorbidities, further delays diagnosis and results in emotional turmoil.

Leading to the question...

How does receiving an ADHD diagnosis later in life shape identity in AFAB individuals?

Exploring ADHD in depth requires multiple methods.

Photovoice is a method where participants use photography to express and reflect on their experiences. They take photos, choose five, and provide written or recorded explanations for added context. In this study, nine individuals (ages 19–33) with cis female, genderqueer, trans man, and nonbinary identities across White, Hispanic, and mixed race backgrounds participated. For neurodiverse people, this method offers flexibility and space for non-verbal expression. Photovoice supports intuitive, spontaneous communication through visual storytelling and group discussion.

During **interviews** with 12 participants, the researcher's ADHD allowed them to to match participants' energy and follow non-linear thought patterns. This fostered a comfortable environment where participants could speak openly.

Literature reviews, while useful to understand the academic landscape, revealed gaps in ADHD research for AFAB individuals- referred to as women in the literature. The gap is not only for genderqueer identities, but also in areas examining the effects of socialization as a woman (ex: internalizing pressure to be a caretaker) on ADHD symptoms and internal ideas of the self.

Sources at bit.ly/adhdidentitybibliography

Gendered ADHD experience

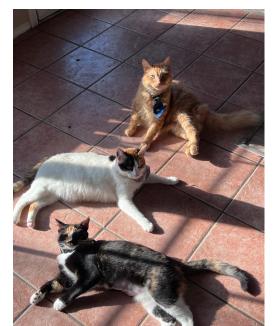




Left: "I found comfort in being able to decorate myself how I wanted." **Right:** "While I am not broken, I am not perfect and will not strive to be."

Participants raised as women faced significant cultural and social barriers intensified by gendered expectations, such as being the "eldest daughter," and stigma surrounding medication. Being able to "sit still [and] do fine in school," led to a dismissal of participants' experiences. The relief and validation of diagnosis frees individuals to enagge in active exploration of identity and gender expression.

Understanding and sharing





Left: "I feel as if I am simply a reflection of the things I love."

Right: "It can feel like a community, and I feel more understood...[I] feel at home"

The rise of neurodiverse representation on social media allowed participants to identify and validate their experiences. Shared knowledge, described by one participant as a "peer-reviewed diagnosis," and mutual understanding among neurodiverse individuals fosters a community where participants feel seen and understood.

After interfacing with the complex

able to identify their strengths and

feelings of diagnosis, participants are

reframe ADHD not as a hindarance, as

as a strength. One participant referred

experiences that were once self-judged,

it had been for most of their life, but

to it as "hacking [her] life." Everyday

like the couch formerly viewed as "a

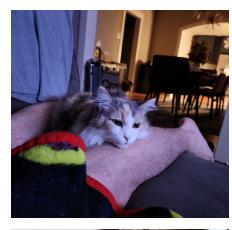
spaces of relief and joy. This self

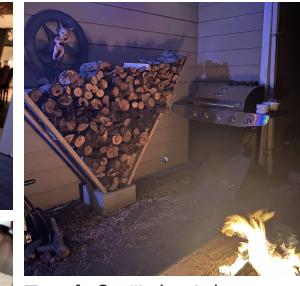
healing in some participants and

reframing of negative cognitions.

prison," transformed into comforting

Empowerment and acceptance







Top left: "I don't have to meet societal expectations when in my house... which brings me relief." Top right: "[Building fires acceptance has led to deeper self and collecting sticks are] creative ways to use my

ADHD to create something and bring me joy" Bottom left: "A lot of my mental health

journey has involved me healing (and continuing to heal) my inner child."

Internalizing external expectations









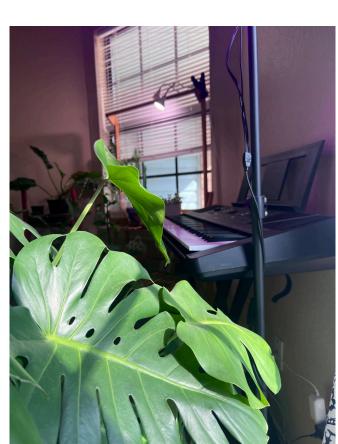
Top left: "I feel like my ADHD stops me from fully enjoying things I genuinely try to engage in." Top right: "This often looks like clutter to others, and feels like it for me sometimes too, but it is a way I am organized too."

Bottom left: "I struggle...to keep my thoughts and belongings in order."

Bottom right: "My workspace often looks like stacks of things I need to go through later, snacks, and something to do with my hands. Many random objects that have no other logical place to go make their home here."

Invisible labor to function







Top left: "I've almost been trained to never call things what they are, because normally they're stereotyped as something much worse."

Top right: "I feel the things I want to do...are so in reach, but so far away."

Bottom left: "This is one of my work arounds for executive dysfunction... it's not perfect, but it's better than before."

There is extensive work done by those with ADHD to mimic neurotypical functioning. The adaptations that AFAB individuals specifically make to keep a home, a typically feminine task, is unseen. The extra work done often doesn't feel like enough and leaves individuals burnt out and exhausted. In turn, their self perception is warped and often laced with frustration.

External expectations from

heavily shape participants'

Masking provides temporary

relief socially but creates a need

to later "[dissect] those layers"

to rediscover their authentic

selves. Denial of a diagnosis

professionals who claim "you

compounds feelings of loss

and regret. One participant

of my life" if they had been

diagnsoed sooner.

don't meet the criteria" further

wondered, "maybe I could have

felt like less of a failure for most

from family and medical

identities and behaviors.

family, society, and education

