

2023-01-09

"It feels like we are aliens": A narrative inquiry of life stories told by women with ADHD.

Merrick, Jennifer

Merrick, J. (2023). "It feels like we are aliens": a narrative inquiry of life stories told by women with ADHD (Master's thesis, University of Calgary, Calgary, Canada). Retrieved from <https://prism.ucalgary.ca>. <http://hdl.handle.net/1880/115684>

Downloaded from PRISM Repository, University of Calgary

UNIVERSITY OF CALGARY

"It feels like we are aliens":

A narrative inquiry of life stories told by women with ADHD.

by

Jennifer Merrick

A THESIS

SUBMITTED TO THE FACULTY OF GRADUATE STUDIES
IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE
DEGREE OF MASTER OF SOCIAL WORK

GRADUATE PROGRAM IN SOCIAL WORK

CALGARY, ALBERTA

JANUARY, 2023

© Jennifer Merrick 2023

Abstract

There is a dearth of research on women with attention deficit hyperactivity disorder (ADHD) and women's voices and experiences of ADHD need to be better heard and understood. This qualitative inquiry aimed to better understand the lived and holistic experiences of women with ADHD in Alberta Canada, and how their experiences impacted identity and sense of self. A holistic perspective was chosen as it considers not only the mind, but the body and spirituality of the individual which are important to understanding self and experience. This study interviewed six adult women from Alberta, Canada using a narrative inquiry methodology. Themes presented from the narratives included 1) 'feeling like an alien' and experiences of alienation from self and social worlds; 2) differences in male and female experiences; 3) narratives of self-discovery, acceptance, and redefining success; 4) narratives on the importance of relationships; 5) narratives on identity and ADHD; 6) narratives on a holistic sense of self. This study presented an important perspective and insight into the worlds of women living with ADHD, and additionally exposed several gaps in the literature that would be important for further social work research and informing practice.

Acknowledgements

There are too many people to thank who have supported me over the last few years. I will do my best to give them the acknowledgment they deserve.

First and foremost, to the participants who were so generous in telling their stories; you all inspired me, and your voices are important. I want to especially thank Jane, who allowed me to use her wise words as the cornerstone for this project.

To my parents, who have always supported and encouraged me, no matter what decisions or turns I took in life, I am blessed to know I have their unconditional support. To my brothers, you encourage me to always work harder, and I am so proud of you both.

To my friends, my bestie and ‘Jen’s walking club’, thank you for the many Sunday steps, the support and laughs, I cherish my time with you all and know it helped get me here with some sanity left.

To my amazing colleagues and management at CFB Edmonton. There are not enough words to describe my thanks and appreciation. My colleagues with PSS, you are an amazing group of people of whom I have the absolute privilege to learn from, all of you have been so supportive; we have an extraordinary team who also helped me to maintain some sanity. To the management team, your encouragement and flexibility were undoubtedly part of the reason I was able to complete this project and I am so appreciative.

To the Faculty of Social Work at the University of Calgary, thank you for giving me this opportunity and for the learning along the way. To Dr. Richard Enns, thank you so much for coming on this journey with me, your advice and care were very much appreciated.

To my thesis supervisor Dr. Heather M Boynton, there are not enough thank-you's for the hours and insight you gave throughout this process. I am here because of yourself and your guidance, please know of my heart felt appreciation.

And to Dan, I am forever grateful to have you as my partner, for your steadiness and calm, for your care and encouragement. You were integral in my journey, and I look forward to many more.

Dedication

This thesis is dedicated to anyone and everyone who has ever felt 'like an alien'.

You are not alone in this world.

Table of Contents

Abstract.....	ii
Acknowledgments.....	iii
Dedication.....	v
Table of Contents.....	vi
List of Figures & Tables.....	x
Epigraph.....	xi
Chapter One: Introduction.....	1
Rationale for Research and Methodology: Why are these Stories Important?.....	2
Purpose of Study and Research Question.....	4
Chapter Two: Literature Review.....	5
Theories of ADHD.....	5
<i>Medical and Biological Discourse</i>	10
<i>Trauma, Attachment Theory, and ADHD</i>	13
<i>Understanding Women and ADHD</i>	17
<i>Constructivist Approaches for Understanding ADHD</i>	21
Identity: Theoretical Orientation.....	24
<i>Narrative Identity</i>	26
<i>Psychological Theories of Narrative Identity</i>	27
<i>The Internalized Life Story</i>	28
<i>Themes, Structure, and Coherence in the Life Story</i>	30
<i>Autobiographical Reasoning, Meaning-Making, and Memory in Understanding Identity</i>	32

<i>Connecting Meaning-making and Spirituality</i>	33
<i>Identity as Co-Construction of Meaning</i>	34
<i>Narrative and Embodiment</i>	35
<i>Narrative Identity, ADHD, and Psychopathology</i>	35
Current Research on ADHD, Identity, and Understanding Self	38
<i>ADHD, Embodiment, and Spirituality</i>	40
Chapter Three: Methodology and Methods	43
Rationale for Qualitative Approach	43
Constructivism as Worldview	45
Research Design Using Narrative Inquiry	46
<i>Role of Researcher in Narrative Inquiry</i>	47
<i>The Life Story Interview within a Narrative Inquiry</i>	48
<i>Research Question: Adapting the Life Story Interview</i>	49
Research Methods	50
<i>Ethical Considerations</i>	51
<i>Criteria and Trauma Informed Lens</i>	52
<i>Informed Consent and Confidentiality</i>	54
<i>Data Collection and the Interview Processes</i>	55
<i>Data Analysis</i>	55
<i>Rigor</i>	59
<i>Knowledge Mobilization</i>	59
Chapter Four: Results	60
“It Feels like we are Aliens from Another Planet”	61

“The Girl Doesn’t Cause Any Trouble”.....	65
“ <i>He Had the Special Classes...I Had a Desk in a Closet</i> ”.....	65
“ <i>How do we Parent?</i> ”.....	69
“ <i>What this Feeling is</i> ”.....	70
“Finding out I am not Lazy”.....	73
“ <i>I Didn't Succeed in the Same Way That I Wanted To</i> ”.....	75
“I Think it Broke My Heart”.....	79
“ <i>I was Bullied Relentlessly</i> ”.....	85
“ <i>You Aren't Alone</i> ”.....	88
“A Curse and a Blessing”.....	90
“Awareness of Who I Am”.....	99
“ <i>Chaotic...but Creative</i> ”.....	100
“ <i>There’s Perpetually Not Enough Energy and Not Enough Time...Not Enough Stimuli and Too Much Stimuli</i> ”.....	102
“ <i>Now I Am on The Right Path</i> ”.....	105
Chapter Five: Discussion.....	109
The Importance of Sharing Stories.....	109
How the Stories were Told: Coherence and Memory in the Narratives.....	110
What the Stories Told: ‘Feeling Like an Alien’.....	113
<i>The ADHD Self as a Social Actor</i>.....	115
Alienation and the Influence of Relationships.....	118
<i>Alienation, Rejection, and ADHD in Relationships</i>.....	121

<i>Alienation and Bullying</i>	122
Meaning-Making and a Holistic Sense of Self	125
Identity, Living with ADHD, and Self-Acceptance	131
<i>Identity, ADHD, and Medication</i>	137
Gendered Experiences of ADHD	140
<i>Shared Female Experiences</i>	142
Limitations	145
Implications for Research and Social Work Practice	147
Writer’s Reflection	149
Chapter Six: Conclusion	150
References	152
Appendices	171

List of Figures & Tables

Table 1: <i>DSM-5 Criteria for ADHD</i>.....	6
Table 2: <i>Data Analysis</i>.....	53
Table 3: <i>Participant’s Current Age, Age of Diagnosis, Age at Points</i>.....	58
Figure 1: <i>McLean et al.’s (2020, p. 934) Final Functional Model</i>.....	28

Epigraph

A deep sense of love and belonging is an irreducible need of all people. We are biologically, cognitively, physically, and spiritually wired to love, to be loved, and to belong.

-Brene Brown, *The Power of Vulnerability*

Chapter One: Introduction

I will begin my narrative research project with a story, my story. I started my university career at the age of 19. I remember my academic and personal struggles in high school, and then my pride of being accepted into the Bachelor of Nursing program at Grant MacEwan College (now Grant MacEwan University). Four years later, after several failed courses and an unfortunate sense of hopelessness and self-deprecation, I dropped out. This experience became a part of my story, integrated into my identity. I was a ‘university dropout’, and it was one of the labels that stuck with me and became implanted into my understanding of myself for many years. The date is unclear to me, but it was several more years before I was asked, by a medical professional, if I had ever been tested for attention deficit-hyperactivity disorder (ADHD)? Sometime after that, and not until I had struggled through my social work degree, and after much procrastination, stress, and sleepless nights, I was diagnosed with ADHD in my early thirties.

ADHD is a neurodevelopmental disorder marked by difficulties with executive functioning such as inattention, impulsivity, and hyperactivity which has a detrimental effect on self-regulation (Barkley, 1997; Gordon & Hinshaw et al., 2022; Mahone & Denckla, 2017) (further discussion on these concepts will be provided later in this thesis). I initially applied to the University of Calgary Master of Clinical Social Work thesis program with the intent of furthering the study of and conversation regarding ADHD, as experience also taught me there is much to learn. I felt that women’s voices and experiences of ADHD needed to be better heard and understood. As I completed my initial MSW coursework, the research validated this, and led to my current project, which intends to capture the stories and experiences of adult women with ADHD in Alberta, Canada using a holistic perspective. Fueled by this personal interest that began when I entered the field of social work and mental health care, I have examined the empirical knowledge demonstrating that women experience ADHD differently than men, are

underdiagnosed and have higher experiences of trauma, additionally, research has been largely focused on the male experience of ADHD (Fuller-Thomson et al., 2016; Gordon & Hinshaw, 2020; Hinshaw et al., 2022; Schilpzand et al., 2018; Solmonson & Stewart, 2013; Stenner et al., 2019; Young et al., 2020). Furthermore, studies have focused on evaluating symptomology through quantitative methods and the discussion of ADHD in women rarely includes qualitative methods to explore themes of identity and experience; and they are even less likely to consider holistic perspectives, including embodiment and spirituality (Nielsen, 2017; Stenner et al., 2019; Young et al., 2008).

My personal and professional experiences have encouraged the use of a holistic perspective, which argues that the mind, body, and spirit are all connected and necessary to understand a person (Lee et al., 2009). Further, it is argued that a holistic approach is inherently indicated in social work ethics (Lee et al., 2009). For the purposes of this research, I will employ the definition of embodiment by Meier et al. (2012) which is “the assumption that thoughts, feelings, and behaviors are grounded in sensory experiences and bodily states” (p.705); and spirituality as defined by Sheridan (2004) is “the search for meaning, purpose, and connection with self, others, the universe, and ultimate reality, however one understands it” (p. 10). As a woman diagnosed later in life, learning more about what this diagnosis entails, and reflecting on my own experience influenced my story and how I understood myself in these different elements.

Rationale for Research and Methodology: Why are these Stories Important?

I began my career as a Registered Social Worker in 2015 and have since been employed exclusively in therapeutic and clinical roles. I have had the opportunity to work with many individuals diagnosed with ADHD, which has deepened my interest in this topic. Further, I

completed a 200-hour yoga teacher training course in 2019, which added to my questioning about how ADHD impacts understanding of one's body and how that relationship, and ways of being in the world, further affect sense of self and identity. My initial query was, does ADHD influence sense of self and identity?

As I continued to review the literature, I found there was a dearth of research that used a holistic perspective to explore how women diagnosed with ADHD understand self and identity. It became apparent that when studying identity and self, a holistic perspective needed to include not only the mind and cognition, but embodiment and meaning-making which is a core construct of spirituality. Finally, going back at least 30 years, research has mostly focused on men's experiences of ADHD (Hinshaw et al., 2022). There is still a gap in research on women's experiences of ADHD and generalizing the results of mixed gender research is not sufficient to fully understand the female experience, as outlined by Hinshaw et al. (2022). "[E]ven when mixed-sex samples are available, many scientists fail to examine sex-related differences or moderator effects" and this point also extends to "socioeconomic and racial diversity" (Hinshaw et al., 2022, pp. 484-485).

I choose a narrative approach for several reasons. First, I have a personal interest in storytelling as I have always valued the ability of stories to help us understand and connect to one another. I admit that throughout my life I have lost myself in daydreams, and always loved to read and explore the world through story, a human quality, but also one I have found is shared by many girls and women with ADHD. As I did more research into the various narrative approaches, I found that narrative inquiry held great value as a research methodology as it allows for exploration of experiences. Creswell and Creswell (2018) discussed how narrative is used to explore stories and meaning, which aligns with this study's intent. Furthermore, narratives

describe how we make sense of experience, how we see ourselves; they tell us about the world around us and provide insight into how we make meaning (Adler et al., 2017; Kroger, 2014; McAdams, 2018). I also discovered narrative identity, which provided a theoretical underpinning and structure for exploration of self-understanding. Notably, narrative inquiry and narrative identity are separate entities, the former is a methodology, and the latter draws from the realm of personality psychology. Narrative identity literature has recently included themes of embodiment, as well as ways of making meaning and connecting themes of a holistic framework. My own experience, combined with my trauma-informed university coursework, professional experience as a clinical therapist, volunteer experience with a local ADHD organization, and practice as a yoga teacher have also informed my thesis research.

Purpose of Study and Research Question

This study will utilize a narrative methodology to explore the experience of women diagnosed with ADHD. The purpose of the study is to consider how the symptoms associated with ADHD impact identity in women, with a focus on mind, body, and spirit. The life story interviews, as developed by prominent narrative identity researcher, Dan McAdams (2007), will be used to explore themes around ADHD and understanding oneself and one's experience across the lifespan. This project will also include a discussion of embodied processes and individual spirituality as a necessary part of understanding the holistic self.

The overarching question for this study is *“What are the lived, holistic experiences of adult women diagnosed with ADHD in Alberta, Canada?”* And secondly, *“How does ADHD and experience impact identity and understanding of self?”* I interviewed 6 adult women with a diagnosis of ADHD, using a trauma informed lens, which is important with this population as will be discussed further in the literature review on women with ADHD and trauma. I employed

a semi-structured interview process with questions that asked the participants to reflect on their ‘life story’, to divide their life into chapters, and then reflect on childhood and adult chapters and hopes for their future chapters. The questions specified positive and negative childhood memories, high, low, turning, and vivid points in their lives, future scripts, and impact on sense of self, with sub-questions on sense of self from a body and spiritual lens. As will be further discussed in the methods chapter, I used a constructivist worldview, which assumes meaning-making is personal and subjective, as it fit the nature of the study well, and because I have an insider perspective into the phenomena being discussed (Boynton, 2011). Narrative methods, more specifically, narrative inquiry was utilized, which is appropriate to the research question as the intent behind this method is to understand and explore meaning and identity through the stories we tell (Fraser, 2004). I will present my literature review next on ADHD from a medical and constructivist perspective along with pertinent themes and a focus on research pertaining to women. Narrative theory will then be discussed, followed by research related to identity, narrative, and ADHD.

Chapter Two: Literature Review

Theories of ADHD

What does it mean to have ADHD? First, it is important to consider that ADHD has been depicted in human history, story, and literature for centuries: it is not a new phenomenon (Mahone & Denckla, 2017). A modern description from the fifth edition of the American Psychiatric Association’s (APA) Diagnostic and Statistical Manual of Mental Disorders (APA, 2022) identified ADHD as a neurodevelopmental disorder that presents prior to the age of 12 and presents as a “persistent pattern of inattention and/or hyperactivity-impulsivity that interferes with functioning or development” (p. 61). As outlined in the DSM-5 TR there are three

presentations of ADHD: inattentive, hyperactive/impulsive, and combined (APA, 2022, pp. 60-61). Table 1 shows the symptoms associated with each presentation.

Table 1	
<i>DSM-5 Criteria for ADHD</i>	
Inattentive (Criterion A1): 6 or more criteria	Hyperactivity and Impulsivity (Criterion A2): 6 or more criteria
<ul style="list-style-type: none"> • Often fails to give close attention to details or makes careless mistakes in schoolwork, at work, or with other activities. • Often has trouble holding attention on tasks or play activities. • Often does not seem to listen when spoken to directly. • Often does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace (e.g., loses focus, side-tracked). • Often has trouble organizing tasks and activities. • Often avoids, dislikes, or is reluctant to do tasks that require mental effort 	<ul style="list-style-type: none"> • Often fidgets with or taps hands or feet, or squirms in seat. • Often leaves seat in situations when remaining seated is expected. • Often runs about or climbs in situations where it is not appropriate (adolescents or adults may be limited to feeling restless). • Often unable to play or take part in leisure activities quietly. • Is often “on the go” acting as if “driven by a motor.” • Often talks excessively. • Often blurts out an answer before a question has been completed. • Often has trouble waiting their turn.

<p>over a long period of time (such as schoolwork or homework).</p> <ul style="list-style-type: none"> • Often loses things necessary for tasks and activities (e.g., school materials, pencils, books, tools, wallets, keys, paperwork, eyeglasses, mobile telephones). • Is often easily distracted • Is often forgetful in daily activities. 	<ul style="list-style-type: none"> • Often interrupts or intrudes on others (e.g., butts into conversations or games)
<p>For a diagnosis in childhood, 6 or more symptoms must be present for children up to 16 years of age, 5 or more for 17 years and older. These symptoms must have presented before the age of 12, must present in at least 2 settings and have an impact on functioning (APA, 2022).</p>	

The third or combined presentation of ADHD is the most common and includes a combination of A1 and A2 criteria (APA, 2022). ADHD has a worldwide prevalence rate of 5-7 % in youth though, notably, rates are rising, especially in the United States where rates of ADHD in youth have risen to 11% in the past decade (Hinshaw, 2018; Kim et al., 2020). The increase in diagnosis is likely related to several factors, one being the ongoing change in diagnostic criteria as it was not until the 1990's that the professional community agreed that ADHD was not just a childhood disorder, that it could continue to be experienced well into adulthood (Miklósi et al., 2016; Shaw, 2018). Around the time clinicians began to debate whether ADHD extended into adulthood, Russell Barkley (1997), a prominent author in the field, argued that ADHD is a problem of self-regulation and executive functioning, rather than attention regulation, therefore using, 'attention deficit hyperactivity disorder' as a designation was a misnomer. Though novel

at the time of publishing, the notion of ADHD impacting executive functioning is more accepted and fits with the current biological research that has found dysfunction in areas of the brain that are thought to result in these impairments (Curatolo et al., 2010; Gordon & Hinshaw, 2020). Barkley's understanding also fits with the view that stimulant medication can be an effective treatment, as these medications are thought to exert an effect on these areas of the brain (Curatolo et al., 2010).

The etiology of ADHD has not been clearly established and it can present and be assessed differently depending on culture, gender, and socioeconomic status (Miklósi et al., 2016; Moody, 2017; Shaw, 2018). Some researchers and clinicians agree that multiple pathways underlie ADHD, including a “multidimensional phenotypical structure including genetic, neural, epigenetic, environmental, and neuropsychological features”, though this is also challenged by others (Al-Yagon, 2018, p. 280; Conrad and Barker, 2010). These unknowns have raised questions about the validity of ADHD, and this issue is not restricted to ADHD but is a concern across the DSM. Conrad and Barker (2010) argued that “all illnesses are socially constructed”, indicating that the diagnostic criterion for illness is developed within the bias of the creators (p. 76). Within psychiatry, the creators are the arguably Eurocentric American Psychiatric Association who set criteria for mental health diagnosis. Around the time Barkley was arguing his points about ADHD, Levine (1997) made the point (from a social work perspective), that the ADHD diagnosis was created by the APA, which betrays a medically biased and problem-focused viewpoint, and further ignores any environmental or social context.

Rates of ADHD was thought to be 2-2.5 times higher in boys than in girls, though reasons for this may include bias on the part of diagnosticians and recent research has argued rates are more equal among the sexes (Hinshaw et al., 2022; Young et al., 2020). While

controversial, it is often thought that young girls display more inattentive symptoms, therefore are missed in favor of diagnosing based on the more disruptive behaviors that are associated with young boys (Hinshaw et al., 2022; Young et al., 2020). The controversy arises as some researchers have contended that the differences seen in male and female rates are related to bias in diagnostics and research methods. They cite gender bias in diagnostics, such as symptom lists favouring more male presentations. For example, Hinshaw (2022) pointed out that the symptoms of ADHD are generally biased towards male behaviours, such as “physical overactivity or extreme risk taking” as opposed to how females can present with “excessive verbalization or more subtle indicators of ADHD”, therefore leading to lower rates of diagnosis or even observation of hyperactive symptoms (p. 485). Additionally, it is argued that this bias in the identification of girls with ADHD, due to less disruptive or inattentive symptoms, impacts the rate of access to services, as well as data collected by researchers.

Furthermore, research has traditionally focused on young, white boys, and has utilized quantitative methods which have reflected western notions, leading to biases in professional and societal understandings (Hinshaw, 2018; Moody, 2017; Stenner et al., 2019; Young et al., 2008; Young et al., 2020). While the medical viewpoint is dominant, there are other perspectives on what ADHD is and why it develops, along with how it presents in individuals and in society. Inherent to their arguments that mental disorders are socially constructed, Conrad and Barker (2010) argued for a constructionist (often interchangeable with constructivist in the literature, see discussion in methods chapter) perspective which explains that ADHD manifests due to the societal demands placed upon an individual and that this needs to be considered within the dominant discourse which creates the definition, meaning, and influence behind the disorder. As will be discussed further, there have been social workers who have argued against the DSM

description of ADHD for differing reasons, such as unreliability in diagnosis due to the discrepancies in how clinicians interpret symptoms, and how rates can increase when a diagnosis is needed to access care (Lacasse, 2013).

As Levine (1997) pointed out, a diagnosis of ADHD does not consider a person's history and experience. Moreover, the connection between ADHD and trauma throughout the lifespan is still not well understood and requires more exploration (Fuller-Thomson et al., 2016; Hinshaw, 2018; Schilpzand et al., 2018). Furthermore, attachment research has identified similarities between the effects of poor childhood attachment – possibly resulting from trauma – and ADHD presentation (Al-Yagon, 2018; Kissgen & Franke, 2016; Mitchell & Climie, 2013; Storebø et al., 2016). This absence of consensus culminates with a lack of understanding of women's experiences and does not even begin to consider how ADHD can impact understanding of self. The following discussion will review the biological discourse, trauma and attachment, women's experiences of ADHD within the current research, as well as constructivist arguments around ADHD.

Medical and Biological Discourse

I would argue that the theoretical knowledge base surrounding ADHD developed primarily from the positivist-directed medical and biological discourses, evident by the word 'disorder' in the title. Further, I would argue it is important to review medical literature, as the process of compiling these varied symptoms and experiences of individuals, and labelling them as symptoms of ADHD, sets a reference point for understanding the disorder. It is important to note that within the medical literature, the focus is often on physiology and the brain, therefore limiting the discussion of the connection between body systems, as well as it misses the impact of how the individual relates to their body, and how they make meaning and their spirituality

(Lee et al., 2009). In other words, while physiology and brain function are important, a holistic viewpoint that considers all aspects of the individual and the world around them is necessary to better understand them and mental health phenomena. It is not my intent to argue against biological reasons for the expression of ADHD; even within a constructivist viewpoint, the process of meaning-making must take place in one's body, brain, and nervous system. It is also not my intention to argue for or against any theories or perspectives on the origins or causes of ADHD or related controversies but to highlight key issues and concerns in the literature. As humans, our personal understanding and meaning-making are internally mediated in response to the controversies, opinions, and social messaging associated with various understandings of ADHD. The focus of this research is on how individuals make sense of their experience, therefore how they understand ADHD is not to be debated but explored on how these influences impact identity and understanding of themselves.

Within quantitative research, the study of specific physiological processes in ADHD has indicated that there may be a disruption to specific dopamine pathways in the brain (with potential effects on the hypothalamus), all of which are involved in reward and motivation (Kian et al., 2022; Volkow et al., 2009). Individuals with ADHD often have difficulty with delayed gratification and engaging in certain tasks over an extended period, which aligns with biological models that show involvement in areas of the brain related to impulsive behaviors (Gordon & Hinshaw, 2020; Volkow et al., 2009). Neuroimaging studies of brains in individuals diagnosed with ADHD have shown abnormalities in important regions of the brain such as the hippocampus and amygdala (Hoogman et al., 2017; Mahone & Denckla, 2017). Despite this, studies examining biological functions and structures in relation to the brain with ADHD have not identified specific biomarkers for the disorder, meaning there are no biological tests (blood

work, etc.) that can diagnosis ADHD (Kian et al., 2022; Thapar et al., 2013). Further, the DSM-5 specifies that there are no current biological markers recognized for diagnosing ADHD, which is based on the individual's presentation (APA, 2022).

There is evidence that ADHD shares genetic and inherited factors with other disorders, such as autism spectrum disorder, and there are high rates of comorbidity with other psychiatric diagnoses such as anxiety, depression, PTSD, and insomnia (Kian et al., 2022; Kim et al., 2020; Thapar et al., 2013). The association between ADHD and environmental factors has also been considered; however, no causation has been proven (Kim et al., 2020; Thapar et al., 2013). Some of these studies have examined the impact of maternal and childhood exposure to air pollution, environmental toxins, and poor diet. Interestingly, though the reliability of diagnosis in cross-cultural research must be considered, some researchers have discussed that estimates of inheritability are consistent in differing countries and cultures, thus they devalue arguments for environmental factors and weaken radical constructivist arguments (Hinshaw, 2018; Thapar et al., 2013). Additionally, due to inconsistencies in finding a particular genetic variable, and the variance in symptomology, it is also thought by some researchers and clinicians that ADHD should be considered as a cluster of disorders, which also fits with Barkley's thesis (Thapar et al., 2013). Research still cannot explain the exact physiological processes that lead to ADHD, meaning that, at best, a diagnosis connotes that one has a similar presentation of certain behaviors and attributes that have been deemed detrimental, but why or how these occur is still up for debate. Further complicating research, is a poor understanding of how life experience and history influence biological expression and development as humans grow through the lifespan, and individuals with ADHD have higher rates of traumatic experiences than the rest of the population (Kian et al., 2022; Thapar et al., 2013).

Trauma, Attachment Theory, and ADHD

Renowned trauma expert Bessel Van Der Kolk, (2000) defined a traumatic event as one that confronts an individual “with such horror and threat that it (sic) may temporarily or permanently alter their capacity to cope, their biological threat perception, and their concepts of themselves” (p. 8). He maintained that the impact of trauma can have far-reaching mental, physical, spiritual, and societal impacts, including effects to self-perception and meaning systems. A Canadian study by Fuller-Thomson et al. (2016) revealed that women with ADHD had “triple the prevalence of ...suicidal ideation, childhood sexual abuse and generalized anxiety disorder and double the prevalence of substance abuse, current smoking, depressive disorders, severe poverty and childhood physical abuse in comparison with women without” (p. 918).

Women with ADHD also have been found to have lower levels of education, lower socioeconomic status, more difficulties in social roles, and increased accident rates than women without ADHD (Fuller-Thomson et al., 2016; Young et al., 2020). Although there are differing hypotheses for these statistics, they highlight the importance of considering the effects of trauma when conducting research with individuals with ADHD. There appears to be a complex relationship between ADHD and experiences of trauma and, while there is no evidence that trauma causes ADHD, how these experiences interact with the brain of someone with ADHD is not well understood (Thapar et al., 2013).

Attachment theory is pertinent when discussing traumatic experiences in childhood. According to this theory, supportive, safe, and loving caregiving relationships in early childhood development are essential for creating healthy patterns of understanding and being in the world, therefore impacting identity development (Al-Yagon, 2018; Kissgen & Franke, 2016; Mitchell & Climie, 2013; Storebø et al., 2016). From a biological perspective, it is hypothesized that “the

attachment relationship mediates the dyadic regulation of emotion, wherein the mother (primary caregiver) co-regulates the infant's postnatally developing central (CNS) and autonomic (ANS) nervous systems" (Schoore & Schoore, 2008, p. 11). This means that early childhood encompasses several important stages of brain development and biological and psychosocial processes that develop best in a safe and secure environment. Bowlby (1973) discussed how, in their early interactions, children develop an 'internal working model' or their beliefs that guide behavior throughout their lives, which in turn impacts their relationships as adults with others.

Healthy attachment patterns and experiences create a positive sense of belonging and safety which in turn informs individuals on how to sustain relationships and connections in adulthood (Coady & Lehmann, 2016). A secure and healthy adult attachment style is thought to arise from a caregiver relationship that was consistent, safe, and where caregivers attended to the infant's needs; whereas more maladaptive attachment styles may develop if the infant did not have this security (Coady & Lehmann, 2016; Kissgen & Franke, 2016). Maladaptive styles include being dismissive (avoidant), preoccupied (anxious), or disorganized. A dismissive attachment style is often associated with an adult who prioritizes independence and avoids close relationships while preoccupied attachment suggests an adult who tends to be overly reliant on approval from others; both styles are thought to be indicative of the nature of caregiver relationships in infancy (Coady & Lehmann, 2016; Kissgen & Franke, 2016). The final attachment pattern is disorganized, where the adult finds most relationships to be dangerous, and struggles with both anxiety and avoidance (Coady & Lehmann, 2016; Kissgen & Franke, 2016).

The reasoning for referring to literature on attachment patterns is to examine a broader viewpoint of ADHD, as two-thirds of individuals diagnosed with ADHD also have a co-morbid condition which includes attachment difficulties (Mahone & Denckla, 2017). Individuals with

maladaptive attachment patterns and those with ADHD have difficulties in self-regulation (Coady & Lehmann, 2016; Kissgen & Franke, 2016). Statistically speaking, children with ADHD endure higher rates of abuse and traumatic experiences, have higher rates of PTSD, and are more likely to grow up in lower socioeconomic status environments (Fuller-Thomson et al., 2016; Schilpzand et al., 2018; Scholtens 2014). ADHD is thought to be transmitted genetically from parent to child; therefore, while the child is more likely to experience difficulties in self-regulation and managing their behaviors within societal expectations, at least one of their parents is likely navigating these challenges as well (Thapar et al., 2013). Additionally, in the nurture versus nature arguments, children may learn coping, communication, and emotional regulation patterns from their parents, resembling ADHD symptoms throughout generations. Furthermore, if a parent has difficulties in self-regulation, they may struggle to maintain traditional employment, education, and social activities, thus leading to a lower socioeconomic status, and limiting opportunities and resources. While a nuanced issue, it has been argued that as they age, women are more impacted by impairments from ADHD than men in that they have “substantially higher odds of a wide range of problems”; and, further, are often placed with the responsibility for caregiving, creating even more stressors (Fuller-Thomson et al., 2016, p. 918; Stenner et al., 2019; Young et al., 2020).

While there is no direct causal link between ADHD and psychosocial adversity, there appears to be some correlation, and it is unknown how these experiences might influence biological and psychological development (Kian et al., 2022; Thapar et al., 2013). The intergenerational links between genetics, biology, and filial relationships passed from grandparent to parent to child, along with the impact of environmental factors in both ADHD and poor attachment are complex, and this area requires more exploration (Al-Yagon, 2018; Kian et

al., 2022; Kissgen & Franke, 2016; Mitchell & Climie, 2013; Storebø et al., 2016), particularly for women experiencing ADHD. In Kim et al.'s (2020) meta-analysis regarding environmental and peripheral biomarkers, of 63 potential factors, only pre-pregnancy overweight or obesity, smoking, and acetaminophen use in pregnancy had strong associations to ADHD, and they acknowledged that none of these could be proven as causative. These factors also suggest a moralistic bias towards (or against) women with ADHD, as they all are specific to maternal behaviors and ignore psychosocial and paternal factors.

Acknowledging the complexity of these topics, it is worth considering the similarities in the presentation of ADHD and disorganized attachment, which have not gone unnoticed in the literature (Conway et al, 2011; Scholtens et al., 2014). Research has found that children with ADHD have higher instances of disrupted attachment, which can “impede the development of mentalization” and can impact areas of executive functioning (Conway et al., 2011, p. 68). Attachment theory has emphasized the impact of survival mechanisms on the developing infant, and how those mechanisms are triggered in adulthood based on attachment style (Johnson, 2019). The theory also underscores how emotional regulation is impacted by childhood attachment, which aligns with ADHD symptoms, and further ADHD has high rates of co-morbid anxiety, which relates to the impact on survival responses (Fuller-Thomson et al., 2016; Hinshaw, 2018; Young et al., 2020). The higher rates of traumatic experiences in this population, along with difficulties meeting societal expectations can cloud the ability to separate what is caused by poor attachment relationships from what might be caused by ADHD, and to determine how these interact in the individual.

Understanding Women and ADHD

The research on girls and women with ADHD has been historically lacking, precluding a full understanding of gender differences in symptomology and experience (Babinski et al., 2011; Fuller-Thomson et al., 2016; Solberg et al., 2018; Stenner et al., 2019; Young et al., 2020). Identification of “disruptive and aggressive” symptoms seen in young boys tended to be the focal point in the literature, creating a biased picture of ADHD (Young et al., 2020, p. 21). As discussed, girls are diagnosed less often than boys, although some studies have demonstrated that by adulthood these numbers appear to even out, indicating that young girls are being missed (Hinshaw, 2018; Young et al., 2020). This does not mean that young girls are not experiencing difficulties; rather, it is likely they are being missed due to gender bias and presentation of symptoms as they are impacted by socialization. This has been discovered in two studies (Sciutto et al., 2004; Quinn & Wigal, 2004; as cited in Young et al., 2020) where services were more likely to be offered when referral names and pronouns were changed from female to male. Gordon and Hinshaw (2020) studied executive functioning disruption in girls as they aged into women. They found that impairment was ongoing, and although functioning did improve with time, lags were seen to continue in comparison with normative samples in the areas of “global executive functioning, inhibitory control, and verbal working memory” (p. 520). This research is notable as it was published recently in 2020 and made the point that this phenomenon had already been studied in predominantly male populations, but not female.

Further, it has been found that young and adolescent girls are more likely to “mask” signs of ADHD due to social expectations, leading to a lack of diagnoses (Fuller-Thomson et al., 2016, p. 918). The effort and resulting fatigue required for ‘masking’ – and the impact on self-esteem – appears to be detrimental to girls, and potentially a cause for increased rates of internalizing

symptoms, misdiagnosis, or concurrent disorders (Fuller-Thomson et al., 2016; Young et al., 2020). While girls have been underdiagnosed with ADHD, they have been more frequently diagnosed with anxiety and depression and are more likely to struggle with the internalizing and self-blame associated with the struggle to adhere to societal expectations (Fuller-Thomson et al., 2016; Hinshaw, 2018).

Again, the relationship between higher anxiety levels, poor attachment, trauma, and ADHD is not well understood. This is likely exacerbated as young girls are expected to take on more nurturing, mature roles than young boys, who are, in turn, allowed to portray more disruptive behaviors. It is uncertain exactly how these social role expectations influence girls with ADHD and how this might vary across cultural contexts (Fuller-Thomson et al., 2016; Hinshaw, 2018; Stenner et al., 2019). Girls with ADHD are also more likely to have more interpersonal difficulties in family and friend relationships, and more academic difficulties (Hinshaw, 2018; Young et al., 2020). Studies on later adolescence and young adulthood in female populations have elucidated that impairment in these areas continue through the lifespan; delinquency rates are higher, there is greater discord in family, peer and romantic relationships, as well as difficulties in securing and maintaining employment (Babinski et al., 2011). Alarming, girls with ADHD have been found to have higher rates of sexual and physical abuse in childhood than those who are not diagnosed with ADHD, as well as higher rates of suicidality and self-harm, further emphasizing the importance of research on the experience of females (Fuller-Thomson et al., 2016; Hinshaw, 2018).

Considering the historical inattention paid to young girls with ADHD, it makes sense that rates of diagnosis are higher in boys than girls, while the rates of males and females are more equal in adulthood (Fuller-Thomson et al., 2016; Solmonson & Stewart, 2013; Stenner et al.,

2019). Williamson and Johnson's (2015) narrative review of research on gender differences in ADHD found that while rates of young males with ADHD in clinical samples is much higher than females, at "10:1", when they looked at rates of adults in clinical samples, the ratios evened out to "1:1 to approximately 2:1" (p. 17). This could indicate that men are less likely to be diagnosed in adulthood, while women are more likely to be diagnosed and access treatment as adults. It is difficult if not impossible to get accurate statistics on how many females have ADHD and the impact throughout their lifespan due to the reasons discussed, including the methodological bias in both diagnosis and research methodologies (Williamson & Johnson, 2015; Hinshaw et al., 2022). Young et al. (2019) reported that women became quite adept at developing adaptive coping mechanisms for managing ADHD symptoms, although these methods could unravel in times of change, such as a change in school, job, or motherhood. Fuller-Thomson et al. (2016) revealed higher rates of "problematic health behaviors," such as addictions, and health-related concerns such as chronic pain and insomnia in women, some which are likely related to unhealthy coping (p. 919). Finally, most research is done in childhood, youth, and early adulthood, while very little is done on older adults, again indicating the accurate statistics or understanding of impact in older women is not well understood (Williamson & Johnson, 2015).

Furthermore, as Kittel-Schneider et al. remarked in their 2021 review of *Parental ADHD in Pregnancy and the Postpartum Period* there is a plethora of research looking at maternal behaviors that may contribute to ADHD diagnoses in children (e.g., smoking, alcohol and drug use, parenting styles), but these studies do not actually look at the diagnoses of the parents (p. 63). The authors also pointed out, as indicated previously by Kim et al. (2020), that, while maternal obesity may be associated with offspring diagnosis, individuals with ADHD often

struggle with obesity due to the nature of the symptoms associated with the disorder (e.g., impulsivity, poor emotional regulation, etc.). There is research that has revealed that unplanned and teenage pregnancies are four times higher in girls and women who had ADHD as a child, but the research focuses on the risks to their offspring, not on the girls and women themselves (Kittel-Schneider et al., 2021). Kittel-Schneider (2021) did find a few studies that established that women with ADHD had a higher risk of complications, and that their children were more likely to require intensive care, therefore suggesting more specialized services may be pertinent for pregnant women with ADHD. Again, research on specific impacts on mothers is lacking, and it would be helpful to determine how many obstetrical specialists are familiar with the symptoms, presentation, and effects of ADHD. Of note, there is not any research that focuses on boys or young men with ADHD that could conclude they are at a higher risk for fatherhood, which raises an interesting query as to the gender bias in this type of research question (Kittel-Schneider et al., 2021).

Fuller-Thomson et al. (2016) have argued that the literature has an inherent moralistic bias affecting how women are viewed in relation to their societally prescribed roles. For example, childrearing is often assigned to the woman's domain, therefore any perception of failure in this area is often gender assigned and, while there is research on maternal parenting with ADHD, there is little to none on paternal parenting (Solmonson & Stewart, 2013). This is also evident in attachment research, where the onus for parenting is often put on the mother, adding societal pressures and expectations that are not placed on men (Schoore & Schoore, 2008). Lastly, Horton-Salway (2013) explored how ADHD is portrayed in the media, and, unsurprisingly, their results indicated that it is characterized by references to hyperactive men, while women are ignored or placed primarily in a caregiving role.

Research related to the physiological differences of ADHD in different genders has only recently begun to emerge. There is evidence that ADHD and hormones interact in women, for example during menses or pregnancy; however, this relationship is not well understood (Fuller-Thomson et al., 2016; Young et al., 2020). Further, most treatment recommendations are the same for both sexes, despite there being some initial research which has shown that adapting medication usage with the feminine monthly cycle could be beneficial, emphasizing the need for female-focused research (Young et al., 2020). Another example unique to women is that medication used to control ADHD during pregnancy or while breastfeeding has traditionally been discouraged, though women often experience worsening ADHD symptoms during this time due to hormonal changes and the stressors of pregnancy, and not much is known about fetal and infant effects of taking ADHD medication while pregnant (Kittel-Schneider et al., 2021; Young et al., 2020). Finally, post-menopausal women may also experience a change in – and worsening of – symptoms but, again, not much is known, and treatment recommendations are therefore limited (Young et al., 2020). There appears to be increased research in this area to address the lack of attention to women’s experiences and to better understand the relationship between the different societal expectations and physiology of women compared to men.

Constructivist Approaches for Understanding ADHD

The discussion at the beginning of this chapter focused on ADHD as understood through a biological or medical lens. Constructivist viewpoints ask important questions about societal meaning-making and power imbalances, and about how people learn and understand those imbalances. Those who have spoken from a constructivist lens have been vocal in their critique of the medical perspective of ADHD and other psychiatric disorders, and have instead focused on how meaning-making, created through social interactions, relationships, and learning,

influences the individual and their mental health (Conrad & Barker, 2010). Conrad and Barker (2010) argued that “illness is not simply present in nature, waiting to be discovered by scientists or physicians...what is determined an illness is determined by society” (p. 68). Levine (1997) noted that ADHD had become an “umbrella term” due to the wide varieties of symptoms and presentations that are found in an ADHD diagnosis and the “many possible ways of interpreting the symptom picture”, along with the overlap with other diagnostic criteria in the DSM-4 (p. 201). Careful readers will realize that these statements necessarily reference earlier editions of the DSM, however, the DSM-5 has even broader criteria for an ADHD diagnosis than previous versions, meaning it is easier to get diagnosed, potentially medicalizing human experiences. Two prominent changes in the DSM-5 included the reduction from 6 symptoms to 5 for a diagnosis in adolescence and adulthood, and a change to the age of onset from 7 to 12 years (American Psychological Association, 2013). While these changes facilitate the diagnosis of ADHD in adulthood, Cortese and Coghill (2018) argued that neither change was supported by the research.

Additionally, there are ongoing arguments against the validity of the DSM. For example, emotional regulation is often cited as a symptom experienced by those with ADHD, and brain scans have shown some impairment in this area, however, emotional regulation is not a part of the diagnostic criteria for ADHD (Hoogman et al., 2017). How criteria are chosen is decided exclusively by the APA to the point that a “public petition” had been made and supported by over 40 mental health organizations in the USA, asking for an “independent review”, along with a critique on the role of power dynamics in how the DSM-5 dictates who qualifies for a diagnosis (Lacasse, 2013, p. 5). Arguments have been made that the DSM-5 is more of a political document that had more focus on financial gain as clinicians get paid to diagnose, and further funding for treatment often requires that diagnosis (Lacasse, 2013). It is also noted that higher

rates of diagnosis correlated to the creation of policy dictating that resource allocation required a diagnosis to access services (Hinshaw, 2018). Though not specific to the ADHD debate, there is relevance in the thoughts of Kirmayer (1998):

[T]his leads one to question efforts to pin down the meaning of a symptom in one specific frame, whether as an index of distress or disease (as is basic to psychiatric epidemiology) or as a reflection of symbolic structures or systems of power. (p. 131)

There is an argument here, that ADHD has become synonymous with behaviors that are considered delinquent by society and therefore the DSM-5 medicalizes these behaviors without the context from where they came; further that the medical community has been given the power to define these delinquent behaviors in the first place.

Adopting a constructivist lens on ADHD does not mean just keeping a watchful eye on the larger structures that influence the research and clinical understanding, but on how these various factors influence an individual's interpretations of experience, as well as professional and public perceptions (Conrad & Barker, 2010). A constructivist observation of the medical perspective on ADHD (or of mental health in general) is that it tends to be problem-focused, deficiency-based, and devoid of the emotional aspects of humanity; therefore, disregarding any potential value or strengths that could come from these afflictions or that the individual possesses (Levine, 1997). Learning more about the influence of an ADHD diagnosis on the individual, and how it impacts identity becomes even more important within a constructivist perspective. In keeping with the need for understanding identity, the following section will first focus on identity theories, and then review research on ADHD and identity.

Identity: Theoretical Orientations

Self and identity have been used interchangeably though they are inherently different concepts. Identity has been referred to as an “anchoring concept for thinking about difference and sameness in our time” on a social, cultural, and individual level; and it is utilized across disciplines, politics, and literature, leading to a myriad of theories related to its exploration (Hammack, 2014, pp. 11-12). Hammack (2014) discussed identity as “a conceptual tool” for looking at these similarities and differences “both in terms of individual continuity and change over time and social categorization or group affiliation” (p. 12). Kroger (2014) defined identity in similar terms as “that entity which enables one to move with direction and effectiveness, to find meaningful outlets for the actualization of one’s interests, talents, and values within a social milieu” (p. 65). Hammack (2014) argued that ‘self’ resides more in one’s perceptions of the “interior world”, while identity links our “exterior” and “interior” worlds; therefore, “it is through identity that the self becomes presented to the exterior world” (p. 12). Finally, McAdams (1995) wrote that identity is the:

[W]ay in which the self may be arranged, constructed, and eventually told...the quality, of unity and purposes of the self. Selves do not need to be unified and purposeful...[but] contemporary Western adults tend to demand that their selves be unified and purposeful. (p. 385)

This research will generally follow these definitions, where self is used as more of a personal understanding of interior worlds, and identity encompasses that linkage, though both terms will be used and explored as discussed in the literature. The concept of identity is particularly suited to this research as it connects the inner and outer worlds of the individual. Identity research, specifically narrative identity research added a rich and well-reviewed

theoretical perspective for the study as well as added dimension to the questions that aligned with wanting to further understand and explore stories, experience and meaning-making of women with ADHD.

Most of the research on identity is rooted in Erik Erikson's life stage development theory (1950). Erikson delineated three levels of identity development: ego identity, personal identity, and social identity, and the culmination of the three results in identity synthesis (Erikson, 1950). Erikson was very influential for identity research, but it would be remiss to not discuss that some of his theoretical views, particularly towards women, were problematic (Kroger, 2014). Erikson's work has been critiqued for its focus on the (white) male experience as normative and, frequently, described female identity development as "deviant" (Sorell & Montgomery, 2001, p. 118). This bias remains, as seen in the discussion of the similar focus on the male experience which has characterized ADHD research. Carole Gilligan (1982) was a prominent critic of the male focus in identity development theory and argued against this bias that saw women as deficient. She asserted that research participants were generally men and therefore created a lack of understanding for the women's perspective, which may be different from men's but is still valid (1982). She further contended that the world is generally structured by men, who view it and base their morality in terms of logic, while women focus their morality on connection and relationships. This leads to women internalizing and feeling alienated when their sense of understanding themselves and the world does not fit with the moral bias of the dominant discourse and claims of their deficiencies (1982). While Gilligan was prominent in challenging the male bias in research and the eventual addition of women to research studies, early identity theories were still heavily focused on male development, just as ADHD research was.

Despite his bias, Erikson's theories have been the basis for understanding identity, and Erikson emphasized the identity crisis of adolescence as imperative to development (Hammack, 2014, p. 17). This led to further theories that challenged previous thinking that all development was "universal [and] sequential." For example, reflecting Erikson's emphasis on how individuals navigate various stages of development, Cohler (1982) argued that "human development is better characterized as a process of narrative development in which individuals construct and reconstruct their identities across the life course" (as cited in Hammack, 2014, p. 21). McAdams (2018) further linked identity development and narrative, stating that "identity, if you could see it, would look like a story" (p. 361). Notably, in the social work field, Riessman and Quinney (2005) pondered the use of narrative in social science research, suggesting that, "perhaps a push towards narrative comes from contemporary preoccupation with identity" and noticed that, within our profession, narrative and identity are considered well-suited for exploring each other (p. 393).

Narrative Identity

Narrative identity is a theoretical perspective whose writers assert "human beings are natural storytellers," and story has been an avenue for exploring ourselves and understanding the world around us (McAdams & McLean, 2013, p. 233). Reflecting on human history across cultures and time, story, myth, legend, play, and more recently, books, film, and media help us in creating meaning and understand experience on an individual, cultural and societal level (McAdams, 1993). In the early stages of researching narrative identity, Bruner (1986) observed that "human beings routinely adopt a narrative mode of thought and expression...when it comes to explaining why people do what they do" (as cited by McAdams, 2018, p. 363). He further divided ways of thinking into 'narrative' modes and 'paradigmatic' modes, arguing that humans

use narrative methods to understand our worlds; therefore, making narrative a more useful way to understand ourselves (McAdams, 2018; Nelson, 2018).

McAdams built on this and argued that, through self-narratives, we all create our own personal myths to understand ourselves and what we find meaningful (1993). Narrative identity can be thought of as the “quality of flavorings of people’s self-understanding,” meaning the individual has the means to organize their own identity and understand self (p. 102). He remarked that we as humans are “intentional agents, human beings [who] act on their desires and their beliefs to accomplish goals. Stories organize and convey these motivated action sequences extended in time” (p. 104). If time is taken to reflect on how we come to understand our worlds and experiences, starting from when we were children, there is a realization that the stories, myths, legends and tales we have heard can help us explore our own understanding and meaning-making. Further discussion on autobiographical aspects in childhood and adolescence are discussed later on.

Psychological Theories of Narrative Identity

McAdams (2013) proposed a theory of the psychological self that delineates different layers which develop over one's lifetime, including the self as a “social actor,” a “motivated agent,” and an “autobiographical author” (p. 272). His model assumed that one’s self is an integration of early social learning of our roles and traits (social actor); our goals, values, wants and fears that begin to develop in middle childhood (motivated agent); and, finally, our adolescent and adult attempts to “synthesize episodic information about the self...to formulate a meaningful narrative for life” as an autobiographical author (p. 273). McAdams (1993) also addressed attachment theory in relation to personal myth development and stated that the most fundamental parts of the self are developed through “affective attunement and mirroring” with

caregivers over the first two or three years of life (p. 46). As children grow, they develop a “verbal self” which then becomes the basis for the personal myth (p. 46). Similar to other theories discussed, McAdams stated that, in the first two years of life, infants develop beliefs about themselves, other people and the world around them. This “narrative tone” can either be “optimistic” in nature, as with secure attachment or “pessimistic” where “stories are bound to have unhappy endings” (p. 47). The theory of narrative development is shared by others, such as Cohler (1982), who argued that “human development is better characterized as a process of narrative development in which individuals construct and reconstruct their identities across the life course,” meaning that narrative is essential as we learn to understand ourselves and the world (as cited in Hammack, 2014, p. 21).

The Internalized Life Story

As humans continue to develop and gain cognitive processes, they develop the ability to create and tell stories. Riessman (1993), a social worker, described the process of life stories that “give shape” to “disorderly” experiences, and how scripts are analyzed for plot development and corresponding turning points which indicate “a break between the ideal and the real, the cultural script and the counternarrative” (p. 30). Importantly, life stories include both the narratives as told or received and the meaning of the narratives as individuals make sense of the stories, including both the content and the meaning behind the narratives (Habermas & Bluck, 2000). Developmental processes, along with semantic memory (long term memories of words or concepts), lead to the construction of a coherent “internalized life story” (McAdams & McLean, 2013, p. 235).

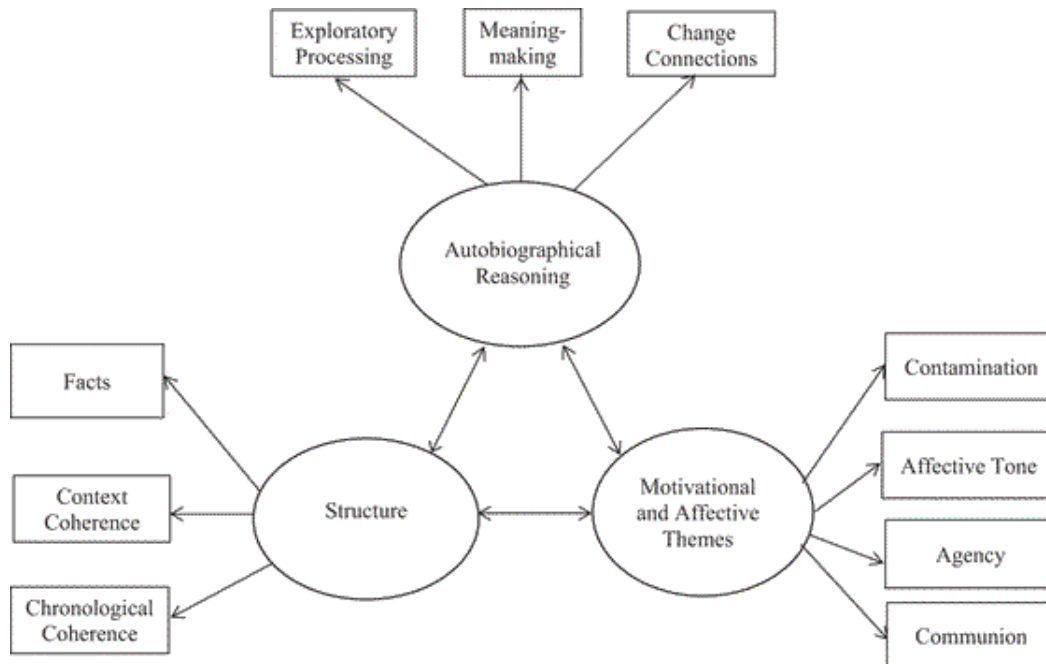
In becoming autobiographical authors and as individuals grow and learn through their life experiences, their meaningful stories are “processed, edited, reinterpreted, retold, and subjected

to a range of social and discursive influences” (McAdams & McLean, 2013, p. 235). This ongoing process of integrating and amalgamating these stories of self, or one’s narrative identity, is developed by the individual (McAdams, 2013). As further research has stated, the ability to explore one’s life story and the development of autobiographical reasoning in adolescence helps to add “a powerful tool for identity exploration and stabilization” (Habermas & Kober, p. 149). Therefore, the life story has been described as “an overarching concept for the life as told, remembered or thought about” which offers a unique perspective that allows individuals to connect pieces of their experiences to their sense of self and development (Habermas & Kober, 2014, p. 149). For research purposes, the life story interview provides a practical protocol as it asks the participant to reflect on nuclear episodes throughout the lifespan, within childhood, adulthood and hopes for the future, which provides insight into how they understand their similarities and differences throughout their lives (McAdams, 1996).

Narrative identity offers an in-depth theoretical perspective; however, Singer (2004) stated that it has at times “seemed too diffuse or chameleon-like to identify,” which could be expected when numerous fields such as psychology, linguistics, sociology, and education have added to the nuance of this subjective phenomenon (p. 437). McLean et al. (2020) provided some clarity to the study of narrative identity when they identified three main features that can be recognized and studied including structure, autobiographical reasoning, and motivational and affective themes, which are often explored through the life story interview (see Figure 1 for a visual representation of the final functional model by McLean et al., 2020, p. 934).

Figure 1

McLean et al.'s (2020, p. 934) Final Functional Model



Themes, Structure, and Coherence in the Life Story

Narrative research is often reviewed for both thematic or ‘motivational and affective’ themes as identified by McLean (2020) and structural components. Motivational and affective themes look at common experiences often found within stories, such as agency or “the degree to which protagonists are able to affect change in their own lives or influence others in their environment, often through demonstrations of self-mastery, empowerment, achievement, or status” (McAdams & McLean, 2013, p. 234). Often these themes are reviewed with respect to monitoring ‘well-being’ in the individual, both with consideration of the moment and prognosis for the future (McLean, 2020).

At around 30 months, children can verbally share their memories with others, and in doing so begin to learn which memories hold meaning and which do not (Habermas, Bluck, 2000). By the time they reach 5 this ‘script’ becomes more complex and allows them to tell a story as a series of related events (Habermas & Bluck, 2000). As they develop this ability to construct narratives, theorists (Habermas & Bluck, 2000; McLean et al., 2020) identified structural themes that evolve along with cognitive abilities. Habermas and Bluck provided an in-depth description of coherence as the process of aligning events and the self when the individual reflects and describes their past – reflecting beyond a chronological telling of events (2000). They build on the earlier work of McAdams, and argue that, throughout the life story, most individuals try to find four types of ‘global’ coherence: temporal, causal, thematic, and biographical – and this is done through autobiographical reasoning as will be discussed in the next section (Habermas & Bluck, 2000). It is theorized that children first learn temporal coherence at early elementary ages, where they learn to structure and understand their own narratives based on societal influence. They then learn biographical coherence through cultural conditioning, where their personal experiences are understood within the larger social and biographical content. In adolescence causal coherence begins. McAdams (2001) clarified:

Causal coherence is exhibited in the increasing effort across adolescence to provide narrative accounts of one's life that explain how one event caused, led to, transformed, or in some other way is meaningfully related to other events in one's life. Traits, attitudes, beliefs, and preferences may now be explained in terms of the life events that may have caused them. (p. 105)

Finally, thematic coherence, which is thought to begin in teenage years, involves a conveyance of who one is, and what their biographical life story entails through the integration

of various episodes in the life story and the consideration of one's values, principles, leading to the depiction of an overarching theme (McAdams, 2001, p. 105).

Autobiographical Reasoning, Meaning-Making, and Memory in Understanding Identity

The final component of McLean et al.'s (2020) framework is autobiographical reasoning. An inherent part of understanding identity is the process of meaning-making as "meaning lies at the center of all cognitive activity" (Nelson, 2018, p. 263). Narrative methods are built by exploring meaning-making. When people tell their personal stories, they are demonstrating how they uniquely understand and make meaning of their experiences (Adler et al., 2017). Further, meaning is essential in determining which memories remain and which are lost – in how we process and integrate our experiences into our understanding of self (Nelson, 2018). Meaning-making can be thought of as "the ability to derive a set of themes from one's life story, [and] represents an indicator of identity maturity" (Schwartz et al., 2014, p. 544). Within narrative identity, this process is often referred to as autobiographical reasoning (AR) or "how people reflect on and make sense of their pasts," which is integral to identity development and stability in understanding self (McLean & Syed, 2014, pp. 6-7).

Autobiographical reasoning is said to begin in adolescence and continues throughout adulthood, along with development of the cognitive processes required to provide continuity and personal intention as the individual proceeds through their life and continues to their predictions for their future (Habermas & Bluck, 2000; Hammack, 2014). This process, known as autobiographical memory, refers to the process of recalling, organizing, and understanding one's experiences, and encompasses both episodic (memory of events) and semantic memory starting from early childhood (McLean & Syed, 2014). Autobiographical memory inherently involves a meaning-making process (Cili & Stopa, 2019), or "how people reflect on and make sense of their

pasts” (McLean & Syed, 2014, pp. 6-7). Through our autobiographical memories we can use global or general themes to better understand ourselves, and to connect situational meaning to these broader themes (Park, 2010). As Adler et al. (2017) wrote:

First, like all autobiographical memories, narratives of personal experiences are dynamically reconstructed representations of events. Each time a memory is recalled, the retrieval process is a complex interaction between the internal neural context and external sociocultural context, modulated by the functions that remembering serves in that moment. Thus, narratives are deeply idiographic, dynamic reflections of how individuals recall their experiences and serve context-specific functions. The purpose of narrative research is to understand these functions and their relationships with other correlates and outcomes, not the veracity of the memories. (p. 519)

Connecting Meaning-making and Spirituality

How we make meaning of ourselves, our lives, and the world around us can be thought of as an integral part of the human experience (Park, 2010). Park (2010) created a formative model of meaning-making based on a significant review of theory, including narrative identity and spirituality. She argued that meaning is made when our global meaning or ‘orienting systems’ are faced with significant situations that cause a discrepancy for the individual and that require an appraisal to resolve the discrepancy; the individual attempts “to reduce the discrepancy between appraised and global meaning and restore a sense of the world as meaningful” (p. 258). This can lead to a myriad of outcomes, including identity reconstruction, and the life story interview can be used to illicit meaning (McLean & Pratt, 2006; Park, 2010). Further, there is an argument that “spirituality often infuses all aspects of global meaning” (Park, 2010, p. 272) aligning with Sheridan’s (2004) definition of spirituality as “the search for meaning, purpose,

and connection with self” (p. 10). Vis and Boynton (2008) contended that spirituality, meaning formation, and interpretations are inextricably linked and part of developmental, internal, as well as interactive and communal processes. They coined the term transcendent meaning making as a process of deep reflection and understanding of one’s sense of self and their existence in life. Moreover, they maintained that this was a critical process in processing of traumatic events. Therefore, within this research, it is assumed that spirituality is inherent in the meaning-making process, not just within a religious context. Finally, while the other themes of narrative identity discussed will be considered in relation to the interviews, the focus of this research will be within meaning-making processes and, therefore within the context of spirituality as defined here.

Identity as Co-Construction of Meaning

Identity has an inherently social component: where we live and interact within our social worlds along with the accompanying expectations and constructs. Narrative identity theorists have argued that our identity is in flux throughout our life within our social interactions (Hammack, 2014; Kroger, 2014; McAdams, 2001). It is important to understand that this memory is not necessarily based on fact but also on personal reconstruction, which is not always completely accurate (Adler et al., 2017). When looking to explore an individual’s understanding of experience and identity, facts are less important than the meaning derived from those facts. Finally, meaning-making is inherently held in constructivist viewpoints, and it is understood that, when one is telling their story, the lived environment, culture, and society impact its telling – as well as the interpretation by listeners, who have their own lived experience and meaning (Kroger, 2014; Pasupathi, 2001).

Narrative and Embodiment

A limitation of the above model by McLean et al. (2020) is the omission of embodiment. The processes discussed in narrative identity theory live in a cognitive realm, while individuals experience their lives while in – and through – their bodies and sensory experiences. It is interesting that McAdams' work was born from the work of Erikson and his theory of development which does discuss embodiment and “feeling at home in one’s body” as a part of psychosocial identity (as cited in Habermas & Kober, 2014, p. 150). As aptly stated by Brandon (2014), “the relationship between the body and the narrative self is interactive rather than unidirectional: not only does our body shape our narrative self, but our narrative self also shapes our body” (p. 7).

Narrative Identity, ADHD, and Psychopathology

While McAdams (2013) does not speak directly about ADHD within narrative identity theory research, he does address self-regulation (which is impacted by ADHD as noted in previous sections) in his theory of the self as an actor, agent, and author. He wrote:

Take self-regulation, for instance. As a social actor, a person must control his or her impulses, monitor inner states, and shape behavior in order to meet situational and role demands. At the level of the motivated agent, self-regulation may involve making decisions to pursue new goals and summoning up the willpower to focus on those goals in the face of potential distractions. For the autobiographical author, self-regulation may be fostered by creating a story about one’s life that underscores the power of self-discipline, God’s will, or some other trope that is well designed to portray and celebrate the protagonist’s abilities to control the self...selves (the I) observe (and ideally regulate) themselves (the Me). (p. 282)

As has been discussed, ADHD has been thought of as a disorder of self-regulation (Barkley, 1998). It could be thought, then, that this difficulty of self-regulation would affect self and identity development. “How does the self (the I) keep itself (the Me) in check? What does the ‘I’ have to do to the Me in order to minimize the possibility of social punishment and maximize social reward?” (McAdams, 2013, pp. 281-282). The awareness of discrepancies in behavior within the social sphere and personal evaluations of those behaviors can create conflict in one’s self-evaluations, leading to low self-esteem and self-worth. It would fit with research that individuals with ADHD may have lower self-esteem, and higher rates of depression and anxiety due to this inability to keep themselves in check within socially ascribed behaviors, or their perception that this is the case.

There is also a discussion about how narrative identity fits within the medicalized realm of psychopathology, which is the dominant perspective in western clinical practice. While psychiatry and the DSM preside over our mental health systems in the western world, and are used to provide mental health services, they align with a physiological understanding of mental health, while narrative identity involves problems of ‘selfhood’ (McAdams, 2019). While still a model based on deficits, the focus of narrative identity is on the “wide assortment of self-related constructs, from self-objectification to self-esteem, in the etiology and maintenance of psychopathology” (McAdams, 2019, p. 146). For example, there is research that has proposed that certain narrative constructions could be an indicator of borderline personality disorder and schizotypal personality disorder (Sajjadi et al., 2022; See, 2021). In studies on coherence in the life story, patterns have been identified in mental health disorders, such as “compromised” temporal and causal coherence in individuals diagnosed with schizophrenia (Singer, 2012, p.

574); although, notably, coherence was not a predictor for borderline personality disorder (Sajjadi et al., 2022).

Additionally, it has been identified that meaning-making becomes even more important after stressful life experiences (Vis & Boynton, 2008; Park, 2010). When an individual experiences a traumatic event, it impacts narratives, and part of the aftermath of these events may involve reorganizing narratives to reconstruct meaning, organization and coherence in identity (Crossley, 2000). It is also thought that “fragmentation and misapplied causal coherence” is related to maladaptive attachment patterns (Singer et al., 2012, p. 574) which may further impact narrative reconstruction. It is argued that a narrative viewpoint of mental health could benefit the psychiatric world as a different lens through which to view mental illness, and one which could lead to better interventions and understandings, depending on how affliction presents in the individual (McAdams, 2019). Using narrative identity as part of a “transdiagnostic marker of psychopathology” (Jensen et al., 2020, p. 1) could provide value, and should be incorporated further into personality pathology (Adler & Clark, 2019).

Memory is an important part of identity development and is known to be impacted by ADHD. Fabio and Capri (2015) conducted a quantitative study on autobiographical memory in children ages 9 to 11, with combined and inattentive ADHD, and suggested that episodic autobiographical reasoning (EAB) was deficient in children with ADHD. They more specifically found that children with primarily inattentive ADHD struggled with both remote and recent EAB's, and those with combined ADHD struggled more with recent EAB (2015). How they were able to tell their stories was found to be impacted by ADHD, and there is little doubt that memory is impacted by ADHD, so the question of how this impact's identity remains. Even with the impact on episodic memory resulting from biological disorders such as Alzheimer's, the

connection of autobiographical memory and sense of self can remain, which stimulates interesting questions about how this may relate to those with poor memory, such as those with ADHD (Cili & Stopa, 2018).

Current Research on ADHD, Identity, and Understanding Self

While limited, there are studies that examine identity and ADHD, although few have focused on women and, thus far, none are focused on narrative identity research. Stenner et al. (2019) completed identity research in the United Kingdom with 16 adult women diagnosed with ADHD where they considered an ADHD diagnosis as “temporalizing” or a way to situate in time, by reflecting on their previous life experiences while considering their time ahead (p. 183). The authors purposefully addressed the polarizing debate regarding the validity of the medical approach and “the irrevocability of the past” in comparison to the constructivist approach and “the revocability of the past” (p. 183). Their research used the life story template and analyzed emergent events and transformations in the narratives. One of the key findings was how the impact of ADHD was complex, in that it seeped into individual understanding early in life and was more subversively than directly influential in participants' understanding of themselves. The authors discussed a “lightbulb moment”, where the individual can reflect and “reconstruct” their past and understand their present moment experiences and themselves in a new light (p. 187). This “pattern shift” leads to the development of an “ADHD identity”; as well, new meaning becomes ascribed to ADHD which further allows the individual to create a new, more acceptable identity (pp. 181-184). This article was similar to my dissertation in that it examined identity themes, though with differing theoretical backgrounds, where the work of G. H. Mead was the focus as compared to narrative identity theory and the work of McAdams.

Young et al. (2008) conducted a qualitative study in the United Kingdom on the experience of diagnosis and treatment of ADHD in adulthood with 4 adult men and 4 adult women diagnosed with ADHD using interpretative phenomenological analysis with semi-structured interviews. Their master themes were quite linear where they first discussed a “review of the past - feeling “different” from others... the emotional impact of the diagnosis and... rumination about the future” (p. 495). The researchers concluded that individuals go through a six-stage process of coming to terms with an ADHD diagnosis including (a) relief and elation, (b) confusion and emotional turmoil, (c) anger, (d) sadness and grief, (e) anxiety, and (f) accommodation and acceptance (p. 499). These aspects could be pertinent to this research and findings on women with ADHD.

In a study examining the negotiation of self-identification in 9 adolescents between 15 and 21 years of age, (7 girls and 2 boys) semi-structured interviews on different topics were conducted and visual diagrams to elicit narratives on the illustrations were utilized (Jones & Hesse, 2018). The themes that were identified included, “becoming or remaining different, resigning to the difficulties including the diagnosis, narratives of a new understanding and problematic symptoms versus valued traits” (p. 95). This appeared similar to Stenner et al.’s (2019) findings of a “pattern shift” in developing an “ADHD identity” (pp. 181-184). Additionally, the authors found that the narratives revolved around reflecting on current and previous social interactions, how they viewed themselves and feeling accepted. Furthermore, some of the individuals were found to think differently about their past after being diagnosed, indicating different ways of integrating their experience into understanding of self. While a different age group than the participants for this research, these findings provide valuable information on how ADHD is merged into a sense of self and experiences in later adolescence.

The three aforementioned articles all had different methods but did have similar findings in that participants all felt different somehow, and their understanding of self-shifted after receiving a diagnosis of ADHD.

An interesting quantitative study conducted by Coelho et al. (2021) looked at how ADHD impacted ‘narrative discourse’, which they defined as the “ability of verbally reporting real or imaginary events by translating them into comprehensive structured sequences” (p. 2). They further discussed the cognitive abilities and processes needed to retell a story, where the individual must be able to grasp and communicate “temporal, spatial, and causal relationships among events” (p. 2). They highlighted the literature which identified the deficits that have been found in individuals with ADHD, such as difficulties expressing and maintaining the “main plotline, ambiguous reference, event sequencing errors, incomplete clauses, discourse interruptions and embellishment” (p. 2). Furthermore, the practice of storytelling tended to be impacted by difficulties in executing effective communication skills, like engaging in impulsive dialogue, talking over others, and difficulties focusing on the story at hand. They recorded the participants as they told a story, and perhaps unsurprisingly, they found that people with ADHD tended to be more repetitive in their speech, and there was reduced cohesion in the narrative plot. We can connect these challenges to the discussion of executive dysfunction, as all the tasks utilized in storytelling employ areas of high-level brain processing which are deemed to be negatively impacted by ADHD.

ADHD, Embodiment, and Spirituality

As noted above, the literature on ADHD and embodiment is sparse, and this seems curious because, from a medical viewpoint, there is an awareness of abnormalities in parts of the brains of individuals with ADHD (Lopez-Larson et al., 2012). For example, Craig (2009)

reported “a bilateral reduction in anterior insular gray matter volumes” in adolescents with ADHD when compared to a “healthy” brain (p. 32); the anterior insular cortex is thought to be related to body functions such as interoception, body movement and awareness, and emotional awareness. An Austrian study by Kutschedit et al. (2019) on interoception and ADHD included 14 participants with ADHD (7 women and 7 men) and 16 participants without (9 women and 7 men) and compared the two populations. They found that awareness of body processes was impaired and that participants were “less aware of bodily signals while additionally experiencing deficits in regulating and monitoring their own (overt) behaviors” (p. 395). Although the sample size was small it could signal that ADHD has an impact on embodiment, suggesting further research be done.

The lack of research on embodiment is further puzzling as the ADHD experience has been described as being “driven by a motor,” and hyperactivity is considered a hallmark, making an argument for an approach that considers the body. Returning to the definition of self, it was noted that “the union of elements (such as body, emotions, thoughts, and sensations) that constitute the individuality and identity of a person” is what makes up our sense of self (Merriam-Webster, n.d.). While the life story informs the narrative self, MacKenzie (2014) argued “it is with our bodies that we perceive, act, experience and engage with the world and with others” (p. 164), therefore the body influences the narrative-self just as the narrative-self influences the body (Brandon, 2014). Our perception of our experiences is driven by our body as well as the brain; our sensation, interoception, and physical being all interact with our cognitive interpretation, therefore influencing our narratives. As we know, ADHD can influence these processes and sense of physical experience, thus, to not include embodiment narratives is to miss part of the story.

Of interest, Nielsen penned a fascinating viewpoint in her 2017 article on ADHD which suggested that it can be “understood as a certain being in the world, or more specifically, as a disruption in the experience of time and a state of desynchronization...impairment in time is manifested in an embodied experience of being out of sync” (p. 260). She wrote about the individual experiences of restlessness and “bodily arrhythmia” as hallmarks to understanding ADHD and why this sense of being out of sync leads to difficulties functioning in a society that runs on a different rhythm (p. 263). Levin (2018) looked at ADHD and embodiment as expressed through capoeira, a martial art form developed in Brazil, and argued that cognition alone is not sufficient to fully understand ways of being and knowing. He presented another perspective for understanding ADHD, “that aesthetics and expressive modes of being or becoming a body are central to describing the intricate relation between the mediated discursive body and mind of ADHD and the immediate, qualitative and subjective body of sensation and movement” (pp. 131-133).

As discussed, a holistic perspective would include themes of embodiment and spirituality. However, if research on ADHD and embodiment is lacking, and research on ADHD and spirituality is almost nonexistent (Dew et al., 2022), further exploration in these areas will enrich our understanding of the experience of ADHD. Notably, within spiritual practices, there is often a body awareness or embodiment component involved, along with mental awareness and a connection to the greater community, environment, and nature (Lee et al., 2009).

Stelmach (2011) completed a dissertation involving a case study that indicated faith could be helpful for individuals with ADHD to cope and be a protective factor. Although themes around boredom, loss of interest, and impulsivity appeared to interfere in the participant’s relationship with their faith. This study focused more on religiosity than spirituality but provided

some insight into these relationships. Dew et al. (2022) confirmed not only the limited research on spirituality but also that relating to resilience factors and community resources (p. 307). They also pointed to research showing that spirituality can positively influence impulsivity, a common trait in ADHD. They suggested that ADHD symptoms decrease religious participation, although these activities could be helpful in building resilience. Finally, Fuller-Thomson (2016) briefly addressed spirituality in their population-based study and found that women with ADHD were less likely to “turn to religion to help them cope” than those without ADHD (p. 921). Though the literature is sparse, spirituality is a vital area of exploration when looking at how meaning-making and understanding ourselves and our purpose, and our connectedness to self and others in the world are so important, therefore a pertinent point for this research.

In the previous chapters I discussed the purposes and rationale for this research, reviewed the literature on ADHD and the experiences of women with ADHD, as well as narrative identity theory or ‘narrative as method’ and ‘genre’ (Bamberg, 2012).

Chapter Three: Methodology and Methods

In this chapter I will discuss the methodology for this research, including the research question, the research design, recruitment, specific research methods and data analysis processes used for this study.

Rationale for Qualitative Approach

The purpose of this research was to explore understanding of identity, meaning and experience; therefore, a qualitative approach was used as informed by Creswell and Creswell (2018). Quantitative research has made valuable contributions to knowledge creation in the area of ADHD; some have been identified in previous chapters. However, Creswell and Creswell (2018) claimed that, in contrast to qualitative approaches, positivist research assumes one truth

or reality, is reductionist in nature, and often aims to measure its data which is thought to be objective and true for all, which does not suit the goals for this dissertation. Denzin and Lincoln (2017) further asserted that the “evidence” collected in any research must be “produced, constructed, represented” and cannot be separated from the politics inherent in its creation (p. 16). There will always be an inherent bias in the explanation of research findings, and to ignore this is to limit a deeper understanding of results within cultural, political and social constructs they are interpreted in. As much of the literature on ADHD has been quantitative and positivist, the qualitative approach of this research is a necessary addition to the literature to broaden the field of understanding, as currently it mainly rests within the medical discourse.

A qualitative methodology was more appropriate for this dissertation, as it better served inductive research focused on meaning shared by the participants, and a “holistic account” of the phenomenon being reviewed (Creswell & Creswell, 2018, p. 182). Further, several researchers have recommended qualitative research would contribute to the literature and understanding of ADHD (Jones & Hesse, 2018; Levine, 1997; Nielsen, 2017; Stenner, 2019; Young et al., 2008; Young et al., 2019). Qualitative methodologies have also been encouraged within social work research (Fraser, 2004; Larsson & Sjoblom, 2009; Levine, 1997; Riessman & Quinney, 2005). Fraser (2004) argued that qualitative research is beneficial to “unearth hidden or subordinated ideas” through entering into a dialogue with participants, which may challenge previously held theories or beliefs and add to new understandings and knowledge (p. 184). Creswell and Creswell (2018) suggested the use of a three-part framework including narrowing down the worldview, design, and methods which align best with the research approach. I will discuss these in the following sections.

Constructivism as Worldview

Worldview is considered “a general philosophical orientation about the world and the nature of research,” and has also been labelled as “paradigm” or “epistemology” (Creswell & Creswell, 2018, p. 5). As noted in the introduction chapter, constructivism and constructionism have been used interchangeably in the research, and both assume that knowledge must be subjectively constructed, with constructionism generally focusing more on the impact of social and cultural learning (Levine, 1997). Constructivism emphasizes personal meaning-making within an individual’s mind, experiences, and interactions, as well as considering the researcher's own interpretations therefore was the most appropriate worldview for this project (Boynton, 2011). From this paradigm it is viewed that humans create subjective meaning throughout their lives and experiences, which aligned with my research goals and questions (Guba & Lincoln, 2005). As discussed in the literature review, constructivist research is often situated at the opposite end of the spectrum from positivist research, as the focus in constructivism is on personal experience with the assumption that multiple and equally valid realities can exist (Creswell & Creswell, 2018). Therefore, a constructivist researcher inductively explores the variety and complexity of individual meaning-making as opposed to narrowing knowledge to objective facts (Creswell & Creswell, 2018). Martinex-Brawley (2020) argued, “social work always performed at the edges of science because of the unpredictable nature of human phenomena...[therefore] constructivism is suited” to our professional values (p. 264). Furthermore, there is an understanding that the experience and knowledge of the researcher is woven into data and analysis, which would be impossible to avoid in a research project such as this, where stories are shared, and meaning is created by the symbiotic relationship of participant and researcher (Creswell & Creswell, 2018). Additionally, and as has been discussed in the

literature review, narrative identity theory falls under a constructivist worldview, further validating its use for the research method. Since I have an insider perspective a constructivist methodology is best suited to this study.

Research Design Using Narrative Inquiry

Research design is the "method of inquiry" used in a study, and the research methods are the specific processes used for each step of the study (Creswell & Creswell, 2018, p. 11). The qualitative design and methods used in this research employed a narrative inquiry approach, which is a useful design for exploring qualitative, subjective experiences of individuals (Clandinin & Connelly, 2000). In short, the aim of narrative inquiry is to make "sense of particular kinds of, if not totally unique, experiences," but the actual methods and analysis can differ based on the intent of the research (Bamberg, 2012, p. 78). Narrative methods are invaluable for studying identity, because "human beings are natural storytellers" and story has been an avenue for understanding self and the worlds we live in for as long as we can remember (McAdams & McLean, 2013, p. 233).

This strategy of inquiry is a good fit for social work as there is encouragement to look beyond just what participants say, to how they say it; and to how stories are influenced by and are, therefore, co-created with the researcher (Hill & Burrows, 2017; Riessman & Quinney, 2005). Clandinin and Caine (2012) stated that researchers participate in the "negotiation of relationships" in meaningful ways and they query how the researcher's identity is also impacted by the research (p. 170). Hill and Burrow (2017) concurred that addressing interactions with clients in a narrative format is more beneficial than formal assessment questionnaires for establishing therapeutic rapport, and inevitably leads to more positive outcomes and valuable, nuanced data on experience. Attending to people's stories, building relationships, and holding

space for others is an important part of social work practice and ethics and adds an important element in research.

The backbone of narrative research design is asking participants to “tell stories about their lives,” but there are many ways of designing methods and analysis (Creswell & Creswell, 2018, p. 249). Some narrative researchers focus on finding themes to understand experience within cultural and societal contexts, while others look at structural or linguistic components (Bamberg, 2012). Narrative inquiry differs from other approaches, such as grounded theory, as it allows the focus to go beyond a main theme or narrative, which would limit and generalize complex data – and theory development, a hallmark of grounded theory, was not the main goal of this research (Creswell & Creswell, 2018; Hunter, 2010). Hunter (2010) described her decision to move from grounded theory to a narrative approach for her dissertation because narrative allowed her to move beyond deconstructing data, and added consideration of social, and cultural influences, as well as recognized the importance of co-creation of understanding and reflexivity on the part of the researcher. Further, I selected narrative methods over other qualitative approaches, such as phenomenology, as the goal was not to narrow the stories to their ‘essence’ but to gain more insight into the range of participants’ experiences and explore experience through the stories that are told throughout the lifespan (Creswell & Creswell, 2018).

Role of Researcher in Narrative Inquiry

Creswell and Creswell (2018) reviewed important points for the qualitative researcher to follow. They stated that the researcher, “positions herself...collects meaning...brings personal values into the study...studies the context or setting or participants...validates the accuracy of findings...makes interpretations of the data...creates an agenda for change...[and] collaborates with participants,” among other principles (p. 18). Several authors have emphasized the

important relational aspects of an effective narrative inquiry. The participant should be at the heart of the inquiry, while the researcher has the responsibility to engage and reflect on the research with openness and reflexivity (Clandinin & Caine, 2012; Hill & Burrows, 2017). Creswell and Creswell (2018) indicated that there are two essential pieces of reflexivity in qualitative research, where the researcher first considers their own history with the inquiry, and then how this has impacted their own assumptions, reflections, and elucidations in the research process. Creating relationships is built into narrative inquiry and is a necessary part of collecting the story and therefore the data (Clandinin & Caine, 2012; Fraser, 2004; Hunter, 2010). Bracketing has been a method developed to assist in rigor, and involves reflection of the researcher on their bias, preconceived beliefs, and assumptions and how they may influence the research (Tufford & Newman, 2012).

It is notable, and especially with populations more likely to have experienced trauma, that there is an inherent power imbalance between researcher and participant. Therefore, transparency and clarity from the researcher are crucial factors for participants. It is important for the researcher to review and apply the following with participants: why this research is taking place, the methods that will be used, procedures and what will be asked of them, what will be done with the data and how they can review it before data analysis begins, and the usage of an open and inviting communication style during the interview (Creswell & Creswell, 2018).

The Life Story Interview within a Narrative Inquiry

The life story is a valuable tool for understanding themes around identity, as described in the literature review, as it provides a unique perspective to individual interpretation as well as autobiographical memory and cognitive processes. Riessman (1993) reviewed the process of life stories, where they “give shape” to “disorderly” experiences and, afterwards, the scripts collected

are analyzed for plot development and corresponding turning points which suggest “a break between the ideal and the real, the cultural script... the counternarrative” (p. 30). The research interview template developed by McAdams (2007) was adapted for this study as it offered an excellent approach to the research questions and was adaptable to the specific needs of the research (McAdams & Guo, 2015; Schwartz et al., 2014). The template provides a well utilized script that asked about life chapters, key scenes of nuclear episodes, as well as also allows the researcher to adapt and add questions as necessary (McAdams, 1996). The interview asked the participants to identify and reflect on meaning in childhood high and low points, high, low, turning and vivid points from adulthood as well as hopes for their future. The script is flexible in that it also allows additional questions to be asked, therefore the interviews went on to ask participants to describe their sense of self from a body, mind, and spiritual perspectives, as well as how ADHD has impacted their identity. Finally, the interview was flexible enough to elicit participant responses in a more authentic way, for example when participants brought up themes of spirituality ahead of the scripted questions, those trails of thought could be followed and explored in the moment.

Research Question: Adapting the Life Story Interview

The overarching question for this study is “*What are the lived, holistic experiences of adult women diagnosed with ADHD in Alberta, Canada?*” A sub-question was “*how does ADHD and experience impact identity and understanding of self?*” The open-ended interview guide included questions (as outlined in Appendix A) that asked the participant to reflect on their life story by first dividing their life into chapters, then identifying ‘high points’, ‘low points’, and ‘turning points’, a positive and negative childhood memory, a vivid adult memory, and then hopes for the future. The next section asked participants about their personal definition of sense

of self and to define themselves, then they were asked what it was like to live with the mind of someone with ADHD, with the body of someone with ADHD, and questions related to spirituality, and/or how they make meaning. Finally, they were asked about how their experiences of ADHD impacted understanding of self, and overall life themes.

Research Methods

This research project was guided by Creswell & Creswell's approach to qualitative research and the analysis was further informed by Fraser's (2004) seven-phase outline (see table 2), both of whom were influenced by the works of Reissman (1987, 1990, 1993, 2002, 2003 2008). This provided structure as well as flexibility for conducting narrative research and encouraged the researcher to consider pertinent questions regarding the data that aligned with social work values. Creswell and Creswell (2018) contended that the nature of qualitative methods is emergent, therefore "the initial plan for research cannot be tightly prescribed" and parts of the plan may shift, but the exploration of themes and learning must come from the participants (p. 182). In other words, they agreed with Bamberg (2012) that there are a variety of ways to employ a narrative research method. The intent of this analysis was to both tell the story of participants' lives, as well as explore the themes inherent within (Creswell & Creswell, 2018). Fraser (2004) compared narrative researchers "to travelers who embark on a journey and who try to use maps and compasses" and suggested a detailed methodological process for methods and analysis, or "map" to follow (p. 183).

The population for this study included adult women, 18 years of age or older, who had been diagnosed with ADHD in Alberta, Canada. This study employed a sample size of 6 women, as this has been considered to be an acceptable size to reach saturation in qualitative research (Guest et al., 2006).

For recruitment, an electronic ad was displayed on a local Edmonton ADHD organization's website (see Appendix B). The ad contained the necessary demographic criteria for participation as mentioned above. It informed readers that the study would ask individuals to share their stories and experiences for research with a clinical Master of Social Work Student through the University of Calgary. Potential candidates who contacted the primary researcher (myself) through the ad were sent an emailed letter of initial contact explaining the next steps (see Appendix C). The first six respondents that met inclusion criteria were chosen. Exclusion criteria included participants coping with active trauma or trauma treatment, active psychosis, or suicidal ideation or severe mental health concerns, and every individual who enquired was provided contact information for local mental health supports should they be interested. The ad also indicated that the interviews would take place over Zoom as the COVID-19 pandemic and health-related restrictions were prohibitive to in-person interviews.

Ethical Considerations

As I volunteer for the organization used for recruitment and there was potential for dual relationships, I sought consultation with the Chair of the Conjoint Faculties Research Ethics Board with the University of Calgary. Through this conversation, it was decided several steps would be taken for ethical considerations. First, during initial contact with the participants, I made my role with the organization known and it was emphasized that deciding whether to participate in the research would have no impact, influence, or detriment on their experiences with the organization, or their access to services and supports. Further, I ceased my volunteer activities as a facilitator for monthly support meetings while the research was being conducted to limit potential contact in these roles. While I did not recognize any of the participants, there is a chance they knew of myself prior to the research being conducted, though none indicated as

such. It is pertinent to consider the potential for dual relationships in this type of research, as my position as both a researcher and a volunteer in the role of providing services could have influenced the participants discussions within the study, as well as in their future access of services, therefore a conversation was held regarding this during the discussion of consent. Notably, the services provided by ADHD Edmonton as facilitated by myself are all conducted online through Teams meetings, and individuals access these services throughout Alberta. Several of the participants lived outside of Edmonton, therefore using other online services to recruit could have had the same ethical considerations.

Social work values and narrative practices are inherently similar in their values and emphasis on respect and relationships; both are based on authentic and transparent communication and interaction with others (Canadian Association of Social Workers [CASW], 2005; Hill & Burrows, 2017; Riessman & Quinney, 2005). In additional preparation for this study, literature on ethics and social work research were reviewed and considered, and this study abides by the core values and principles outlined within the CASW's Code of Ethics (2005). Permission for this project was granted through the Conjoint Faculties Research Ethics Board through the University of Calgary.

Criteria and Trauma Informed Lens

Within the CASW's Guidelines for Ethical Practice (2005), and more specifically the Responsible Research Practices, this study was designed to minimize risk (pp. 19-21). As there was potential to recruit participants with experiences of trauma that could be triggered during the interviews, safety precautions were reviewed prior to interviews as outlined in a trauma-informed approach to research (Arthur et al., 2013). After individuals were selected for the study, a pre-interview took place to ensure they met the criteria, did not meet any exclusion criteria, and

reviewed the intent and life story questions of the study. The inclusion criteria included people who identify as women, from 18 to 80 years of age who had been diagnosed with ADHD, and resided in Alberta, Canada. Exclusion criteria included individuals who were coping with active psychological trauma, awaiting or completing trauma treatment, individuals who were acutely suicidal, experiencing psychosis, or other acute mental illness where discussing their story might have been detrimental or harmful. Safety was a paramount ethical concern, as talking about one's story can be a triggering process, and safety planning is a part of a trauma-informed practice (SAHMSA, 2014). A safety plan was reviewed and agreed upon and a copy was sent to all participants. The safety plan (see Appendix D) included a collaborative plan on what to do in the case of internet or connection issues so I could contact participants, as well as a plan for appropriate techniques to manage potential distress such as grounding and breathing interventions should they feel overwhelmed or triggered. Personal support numbers to call, and a list of community supports participants could access were also provided.

Researchers must do their due diligence to prepare for interviews, so they may be informed on phenomena being discussed, beyond personal experience, with the literature review providing this background information for this study (Fraser, 2004). Furthermore, while engaging in interviews, and from a trauma-informed lens, creating a sense of safety and trust in the research relationship was imperative, as well as being open about the intent and background of the researcher, therefore participants were made aware of my role as a social work student, and as a woman with ADHD (Fraser, 2004). As discussed in the introduction, I have been working in a counselling role since 2015 and, therefore, had the experience and education to conduct the life story interview in a psychologically safe manner. As the questions of the life story had the potential for psychological triggers, such as when asking for a low point, I was

careful to monitor reactions, was open with participants about any noticeable signs of distress and checked in with participants as to how they were doing throughout, making it explicitly clear they could stop at any time.

Informed Consent and Confidentiality

After participants responded to the ad via email, the first six were contacted by email by myself and a date and time was set for the pre-interview phone call. Establishing rapport at the beginning of the pre-interview phone call was important. After initial introductions to start relationship building, the informed consent form was reviewed, and participants were made aware they could leave the study at any point during the interview or ask for their information to be removed after or two weeks post transcript (as discussed in the initial interview) without repercussion or fear of losing services or supports through the local ADHD Edmonton charity. The interview guide was shared at this time so that participants reviewed the questions ahead of time and knew what to expect to reduce the risk of psychological harm. Participants were made aware that interviews would be recorded and transcribed, and then the recording would be destroyed. The transcriptions used pre-determined pseudonyms as chosen by participants, with no identifying information, and stored on an encrypted file, on a password-protected protected data stick, stored in a locked filing cabinet in my private home office. Anonymity was assured as the master list containing names and identifying information was stored on a separate encrypted data stick. These files will be destroyed within seven years as per University of Calgary policy.

Boundaries and expectations were addressed prior to interviews, clearly indicating that the research did not constitute treatment in any way (Arthur et al., 2013). As interviews were done over Zoom, protocol and technical questions were answered in the pre-interview phone

call, and I reviewed appropriate places for the participant to do the interview in a quiet and confidential space.

Data Collection and the Interview Processes

The interviews were conducted over Zoom (a digital conferencing platform) on a password-protected account through the University of Calgary and were recorded (the recorded data was stored locally for the purpose of transcription and then deleted). Participants were made aware that only my supervisor and I would have access to the recorded interviews and transcripts. The transcripts would then be de-identified for confidentiality. Finally, participants were made aware that the transcription of their interview would be sent to them, and they would have 2 weeks upon receipt to remove any content they did not wish to include, or to remove their consent fully. If they asked for certain questions to be included or if they chose to withdraw from the study the associated data would be destroyed. Participants were also made aware that they might be contacted to do a member-check of the analysis. As well, participants had the choice to receive a final email to share a summary of the dissertation, as it is their life story to share with the world (Larsson & Sjoblom, 2010).

Data Analysis

Consistent with many aspects of narrative research, data analysis can be conducted in different ways. McAdams (2012) highlighted that narrative identity can be explored inductively or deductively. Narrative in ‘the context of discovery’ or inductive processes were the main processes used for analysis as the intent was to develop an understanding of meaning, experience, and identity. Therefore, the analysis consisted of “disaggregat[ing] long chunks of talk into specific stories” in order to derive meaning (Fraser, 2004, p. 189). This process of dissecting and reconstructing allowed for the discovery of narrative threads and themes as well

as what teachings could be derived from the stories (Creswell & Creswell, 2018; Lincoln & Guba, 1985). As Reissman (2008) discusses, thematic analysis of narratives is a common procedure done within narrative inquiry research where the focus is on the content of the narratives collected and then grouped into themes.

Table 2

Data Analysis

Phase:	Fraser (2004)	Pertinent questions as indicated by Fraser	Creswell & Creswell (2018, p. 194)
One	“Hearing the stories, experiencing each other's emotions” (p. 186).	“What ‘sense’ do you get from each interview?” (p. 187).	
Two	“Transcribing the material” (p. 187).	“Have you omitted or misheard any of the material?” (p. 188).	Organizing and preparing data for analysis Reading through all data
Three	“Interpreting individual transcripts” (p. 189).	“What are the common themes in each transcript? Are there ‘main points’ that you can decipher from particular stories? What kinds of meanings might be applied to these words?” (p. 191).	Coding data

Four	“Scanning across different domains of experience” (p. 191).	“Which parts of the stories relate to interpersonal relationships and interactions? How do they relate to the other aspects of the stories? Are social structures – institutionalized or otherwise – present? If so, how do they appear and what is being said about them?” (p. 192).	
Five	“Linking the personal with the political” (p. 193).	“What do the stories say about the (multiple) lived experiences of class, gender, race, sexual orientation, age, dis/ability, religion and/or geographical locations?” (p. 193).	
Six	“Looking for commonalities and differences among participants” (p. 194).	“What are the emergent themes or patterns across the transcripts? On what grounds are you short-listing the stories?” (p. 195).	Development of description and themes
Seven	“Writing academic narratives about personal stories” (p. 195).	Are your analyses relevant to your research questions? If not, should the discussion or the research questions be altered to reflect the new foci? Are the interpretations that you have made fair? Are any too understated – or conversely – bordering on the grandiose? Do your analyses maintain a respectful tone towards participants? Does your writing style acknowledge that your subjectivity mediates the interpretations being made? Have drafts been circulated so as to get a preliminary response to the ideas being raised?” (p. 196).	Interpreting data

The data analysis followed the processes outlined by Fraser (2004) and Creswell and Creswell (2018) as they offered clear explanations and direction for the processes involved in a thematic narrative analysis (see Table 2). As identified by Fraser (2004) as well as Creswell and Creswell, the transcripts were individually transcribed by the writer, entered into NVivo and sent

to participants, who had two weeks to review and ask for any changes as agreed in the initial interview. The interviews were then individually reviewed in their chronological order, as this structure was created by the life story interviews, and was a process suggested by Fraser (2004) for large amounts of data, as “dividing [the data] into sets of ideas expressed and scene(s) in which some sort of plot unfolds...[as well as] [s]canning for characterization and/or chronology” is helpful for organization purposes (p 189). It also allowed easier reference to narrative identity themes throughout the lifespan.

This coding process continued across the transcripts and was informed by questions set forth by Fraser (2004) in phases four and five (see Table 2 for pertinent questions asked in each phase). Along with these themes, Fraser’s (2004) phase six involved comparing transcripts for “commonalities and differences”, though this process had already naturally begun (p. 194). From this process, themes were connected and developed, which were labeled using quotes from the interviewees, as Creswell and Creswell (2018) discussed in their step of description and theme development. It was suggested to use, “rich, thick descriptions” to relay the stories told, hence using quotations to further relay stories as informed by participants (p. 200). From this data, six key themes emerged that were shared by participants and validated by quotes and descriptions of experience from the participant's stories (Creswell & Creswell, 2018). Themes that became “short-listed” and therefore focused on included themes of 1) alienation; 2) differences in male and female experiences; 3) narratives of self-discovery, acceptance, and redefining success; 4) narratives on the importance of relationships; 5) narratives on identity and ADHD; 6) narratives on a holistic sense of self (Fraser, 2004, p. 195).

Rigor

To ensure rigor within this study, notes were taken during interviews captured further experiences and observations and reviewed in the data analysis process. Creswell and Creswell (2018) suggested using several methods of evaluating the validity of the data as part of rigor. After transcription, participants had two weeks to review the material, to request any changes, and ensure the data was correct. Additionally, they were contacted to validate preliminary results as a part of member checking process for ensuring accuracy (Creswell & Creswell, 2018). To further add to rigor, researcher bias was continually considered and reflected upon, and supervisors were consulted throughout the process of analysis and writing up results and discussion (Creswell & Creswell, 2018). Additionally, in alignment with Tufford and Newman's (2012) concept of bracketing for rigor in social work research, Fraser's (2004) questions inherently ask the researcher to reflect on their bias, as well as on social discourse and power discrepancies in "linking the personal with the political" (p. 193).

Knowledge Mobilization

There are several goals to present the findings of this study upon completion of the project. First, findings will be submitted for publication in appropriate academic journals, to add to the professional literature. Summary findings will be posted to the ADHD Edmonton website, and a speaking engagement has been set for next fall to further discuss the findings with the community. Finally, applications have been submitted to local and national conferences, such as the annual Alberta College of Social Work Conference and the annual conference held by the Canadian ADHD Resource Alliance to present to academics and clinical professionals.

Chapter Four: Results

The results of this study attempt to answer the question, “*What are the lived, holistic experiences of adult women diagnosed with ADHD in Alberta, Canada?*” A sub-question was “*how does ADHD and experience impact identity and understanding of self?*” This qualitative study used narrative inquiry as the methodology to capture the meaning made from the participant's stories. Thus, the interviews provided rich and diverse stories and valuable insights into the lives of women with ADHD. The interview protocol, based on the life story interview, asked about the aforementioned nuclear episodes or significant moments in one’s life that allow them to understand themselves and how they have changed or remained the same over time (McAdams, 1996). The participants used their chosen aliases, and all had received a diagnosis of ADHD. Jane Zoe (35) was diagnosed at 35, Barb Vesser (46) was diagnosed at 43, Paisley (18) was diagnosed in grade three, Stefanie Brown (43) was diagnosed in their early 40s, Dianne (42) who was diagnosed at 13, and Vicki (38) was diagnosed at 33-34. There were a lot of similarities in stories told, and with experiences, and themes around understanding identity and self. This chapter will explore the narrative analysis of their stories shared in the interviews through the life story template.

Table 3

Participant’s Current Age, Age of Diagnosis, Age at Points and Education/Work

Name	Age	Age of Diagnosis	Age of High Point	Age of Low Point	Age of Turning Point	Age of Vivid Point	Education/Work
Barb Vesser	46	43	30s early 40s	26	Early 40s	39	Tried culinary arts, worked in forestry, worked in a laboratory, currently works in computer programming,

							considering career shift to something more creative
Dianne	42	13	42	7	Grade 9	NA	Year of school in emergency medical services, did some schooling for networking, works for the government
Jane Zoe	35	35	13	30s	Grade 10	30s	University Arts degree, worked with adults with disabilities, works in management at a women's shelter
Stefanie Brown	43	40s	20s	31	NA	NA	University after high school, jobs such as waitressing, snowboarding instructor, currently fitness trainer and business owner, currently taking university classes
Vicki	38	33-34	18-19	20s	Teens	30	Stay at home mom, volunteer in community and on local council, photographer, jewelry business
Paisley	18	8	17	16	13-14	14	Nursing student

“It Feels like we are Aliens from Another Planet”

Narratives of ‘feeling like an alien’ became an overarching theme that was apparent in the stories. This included experiences akin to ‘alienation’ from others or the self; feeling or being treated differently, seeking acceptance and validation as well as working on positive intrapersonal relationships and finding their own understanding of who they are, even with their

‘alien nature’. Additional themes included the differences in male and female experiences, experiences of self-discovery, acceptance, and redefining success; the importance of relationships; identity and ADHD; description of a holistic sense of self.

To begin, we will start with a quote from Jane who expressed:

It feels like we are aliens from another planet... we speak a different alien language and then we come here. And human is our second language... We can get along fine, but it's our second language... We think more clearly in our own language... if I was back on the alien planet of ADHD, how would I look at myself differently?... I'm trying to blend into human culture.

It became apparent that this quote relayed a deeper meaning and theme expressed by all participants in differing contexts as they shared their life stories. Throughout their lives, before and after diagnosis, they expressed feelings of being different, of feeling ‘alienated’. Throughout the stories, images of the protagonists as young ‘aliens’ growing up in our western world were conjured up; ‘aliens’ who do not yet know that they are, in fact, speaking a foreign language on this foreign planet. They may feel isolated, and different from others, but do not quite understand why. Then they discover their ‘alien nature’ and gain a better understanding of themselves, but they must now learn about what that nature means for themselves. Aligning with this, participants expressed how finding others with similar natures, and finding relatable communities was important in understanding themselves as well as finding intrapersonal and social acceptance.

I began the interviews by asking participants about their childhood, and this theme of ‘feeling like an alien’ was apparent even from a young age. The participants shared similar childhood experiences where they would attempt to fit in but struggled to understand how the

world around them worked. For example, Stefanie talked about her challenges as a child with a “*lack of awareness*” and how she was aware of her differences at a young age:

I remember this little boy Bryce... This is in grade one. And he would go up to the board when we were...learning about words and stuff like that and he would be able to go and pick out all of the words within the words and I was just like, wow, that's so amazing... How does his brain work that way?

This quote highlighted Stefanie’s experience of realizing that she thought and learned differently from Bryce, but was not able to understand why, or how she could change (if she had wanted to).

Vicki also discussed having difficulties as a child understanding social cues and recognizing she was “*different*” at a young age, though also talked about having good friendships that were protective at the time. The juxtaposition of these stories is apparent: having awareness of being different than others, but not enough awareness or ability to change as per social expectations. It was apparent that the young participants were aware of differences; they just didn’t know why. This is not to generalize as some of the women expressed that they did very well in aspects of school, some did well in social settings, but none indicated they had strengths in both in childhood. There appeared to be a ‘tuning-in’ to the expectations and negative judgements of others that led to the internalization of differences that impacted self-concept and socialization.

This was shared in Barb’s story:

I was considered a gifted child... My parents were asked to advance me in grades several times and each time they refused because I did not have good social skills... and I was always glued to a book, right? Books were my escape and they made sense when nothing else did... Ironically, for my parents, I did not like children my own age...their rules

changed all the time... your friends one day and then they are your worst enemy the next and I never could understand what was going on with all that.

In her story, when Barb expressed that *"I never could understand,"* she conveyed a sense of disconnect or separation, the experience of feeling different from others and being 'alienated'. It also showed how she found escapism in stories because they made sense to her when her own social world didn't. Stefanie shared that this experience of 'feeling alien' continued into her youth where in junior high she reflected:

I was a really clueless kid, like I had no idea how to be me. Like people had Walkman's and would listen to music... So I got a Walkman and people were like, what are you listening to? And I had a Fred Penner tape in there... I didn't have any music or tapes or whatever and then I got made fun of.

Part of the participants identity formation was associated with understanding their place in society and their worlds, this feeling of 'alienation' and having *"no idea how to be me"* appeared to have a significant impact on understanding self, especially in these vulnerable years. The stories told during these experiences from childhood to youth reflected how they influenced meaning for the participants. Societal expectations played a key role, as it appeared that these expectations were not always understood nor agreed upon, but the impact of feeling different was seen in early identity development. The theme of not understanding rules or why they changed, and feelings of 'alienation' did not just occur in childhood but continued into adulthood. Throughout the stories, this central theme of 'alienation' holds significant meaning in understanding identity and sense of self.

“The Girl Doesn’t Cause Any Trouble”

The participants all discussed narratives of their own gendered experiences across the lifespan. From childhood to adulthood, these experiences included their different treatment compared to their brothers, their hormonal and physiological experiences as well as mothering. In each of these stories there were central themes of the women not wanting to make trouble or trying to overcome this narrative they were taught from a young age. As they aged, these themes were still part of their experience, whether it be having to advocate for themselves within their medical treatment or justify their parenting to a critical world, as well as trying to raise the younger generation to advocate for themselves, and not be afraid to use their voices, even if it causes some trouble.

“He Had the Special Classes...I Had a Desk in a Closet”

Narratives of experiences of boys being treated differently than girls emerged in the stories. Of the four women who had brothers, three stated their brothers were diagnosed with ADHD as children, and one stated her brother likely has ADHD. Notably, none of these women had been diagnosed as children, though Vicki discussed the process she went through being tested at age 10.

I went through where they antagonized you until you snap...how they used to test for ADHD... They would try and make you cry... I went through that... my brother was put on Ritalin. He had the special classes... I was so far advanced in my reading in the first Grade that I had a desk in a closet and I was working on Grade four work... my math skills weren't there to move me ahead, so I would literally get segregated because I was able to read things.

The first part of this story portrayed her heartbreaking experience as a young child, and despite this process, Vicki was still not diagnosed. She discussed her frustrations with the medical system, that she “*felt really let down by the whole entire medical process*” in that she and her daughter (also recently diagnosed) “*could have had this help years ago*”. Interestingly, a commonality for some of the participants was being connected to books and stories. Barb, Dianne, and Stefanie struggled with relationships as children, and Vicki discussed being segregated in her classroom, though notably also discussed making very strong relationships at a young age. As noted, Barb was also a good reader to the point of being asked to move grades; however, her parents decided not to move her due to what they considered to be Barb’s challenges in social skills with children her own age. Similar to Vicki, while Barb was not considered for a diagnosis, her brother was diagnosed at an early age.

He was on Ritalin... for ADHD, my dad took him off the Ritalin because he didn't like what it was doing to him... But definitely my brother was the hyperactive boy and I was not hyperactive. I was distracted and I was constantly with my nose in a book or daydreaming so very stereotypical experience for both of us.

Both also stories shared the experience of their brothers gaining access to treatment, while they were missed. Granted, treatment was not always agreed upon, making an interesting point that even if the woman had been diagnosed, there would be no guarantee as to the success of interventions, especially in the generation that most of the participants grew up in. However, the only two participants diagnosed in childhood were both prescribed medication with what they described as having a good effect.

Differing social expectations for boys and girls were certainly portrayed in the stories. As Barb poignantly reflected:

The girl doesn't make any trouble and doesn't cause a scene, you're not seen as having a problem... I suffered under the curse of being really good at school. So people were like there can't be anything wrong with her. She's so smart.

Stefanie and Jane also shared similar statements, and they understood at a young age that the expectation of young girls was to not cause trouble, even if it was to the detriment of being able to ask for help. When young girls met the expectation to get good grades in school, there was no consideration of other challenges or problems. This was despite poor social skills being identified to the point of isolation in some of the stories. When they struggled, it was seen as more of an internal or 'personality problem' than a diagnosis. Barb went on to say:

I was really good at masking and... I was not good at social anything right? I just did not understand how people worked because they were just so different from how I worked. So I learned that being quiet and being easygoing, most people would just not bother with you... there wouldn't be any conflict which was great because I absolutely did not want conflict with other people.

Falling into the social expectation of being quiet and easy-going was a safety strategy, and it could be assumed that challenges with social skills led to even bigger challenges with handling conflict.

Like Vicki and her sibling, Stefanie talked about the testing that she and her four siblings went through at a young age for learning disabilities (though the testing did not appear as distressing); however, she was not diagnosed with ADHD until last fall. *"We were part of a study at the University of Calgary when I was in elementary school... they wanted our family as part of the study... why do three out of five kids have learning disabilities?"* At the time she had not been diagnosed and, like Barb, was doing well in school, disguising the difficulties she was

experiencing in her social world. Meanwhile, three of her siblings were sent to live with their grandparents as they lived close to a school that provided support for kids with disabilities. She reflected on being treated differently because she was not considered to have a disability, though she understood that something was different about her as she struggled to socialize. The unfortunate reality for several of the participants was that academic success was favoured to the point of overshadowing other struggles. Stefanie further reflected on being treated differently in the home because she did well in classes compared to her siblings who were sent to a specialized school. She shared:

I just felt like, why am I being punished because she goes to school in Edmonton? And like that's how it felt and then I remember being in junior high... my mom spending more money on clothes for my sister 'cause the other thing I was the thin sister, my sister was the pretty sister. So on top of that, so it's, you know, you do well in school. So it's not as important that you have the right clothes. (Sister) struggles, so it's more important that she has the right clothes...Where it's just like, well, yeah, my grades might be OK, but I have no friends.

This story shows more gendered care for the daughters of the family, where stereotypes of “thin”, “pretty”, and who is more deserving of “the right clothes” in order to fit in. Stefanie discussed being quite close to her parents, and the intent here is not to judge but observe how the struggles related to ADHD were woven into gendered social expectations along with experiences and interactions of the participants.

Jane reflected that her brother likely also has ADHD and, much like Barb, “I’m the inattentive type... he would be more hyperactive like, especially as a as a little kid. He was very very very, very busy. And he has a son who’s also really busy.” Her brother did not have a

diagnosis, though it is interesting that four of the four participants with brothers (likely) shared a diagnosis of ADHD with their brothers, but none of the women were diagnosed at an early age.

“How do we Parent?”

Narratives of mothering as a woman with ADHD came up in the stories of adulthood. As Jane discussed in reflecting on her hopes for the future (or ‘future script’):

Navigating who I am as a parent and what my parenting style is and how to separate... separate what's perfectly normal, healthy parenting from, like, the noise of what parenting should be... the future is just learning more about me with ADHD really and meeting other people specifically moms have ADHD just to... figure out... how do we parent? Like, I'm glad that I've found this out about myself... it's a new path to explore.

Separating the pressures of ‘normal’ parenting, which are already immense, and how to get support, while learning more about herself and ADHD was Jane’s hopes for her future. She expressed her pressures and expectations, which felt higher due to her gender, and being isolated in the pandemic added to her stress of finding her “normal” as she could not access support groups or make new friendships. She also pointed out the implicit expectations for her as compared to her husband; for example, with domestic chores. She expressed that he is very supportive of her, but that he grew up with his mother attending to a lot of domestic tasks, and while she tends to not be “super domestic” the expectation for completing these tasks tends to fall on her. She also discussed how, personality-wise, she and her husband tend to be quite similar, and he can be “more impulsive than I am”. She expressed “it's frustrating cause, like, he's just a guy...there's probably no actual ADHD there. So it's frustrating that what separates me...you're a dude. I have ADHD.” The picture here shows how socialization was gendered to the point where, as adults, the participants had to work to break free of these prescribed roles. It

also indicates how the expectations of women were different than the expectations for men, and how social expectations influenced medical diagnosis.

“What this Feeling is”

The participants all shared narratives related to physiology, hormones, and women's health in the stories around body and self. Jane shared that she had recently suffered a miscarriage and the impact of this on her compounded with the COVID 19 pandemic and it was around this time that she considered ADHD diagnosis. She discussed her experiences, along with her pregnancy with her daughter and tried to distinguish how she was feeling within her experiences.

While I was pregnant... I've heard women say that when they have a miscarriage, the hormones prior to knowing that they are going to miscarry- the hormones just effect their brains differently?... I didn't feel like I was coping with it very well... But I kept seeing like tik toks about how women find out... they have ADHD during the pandemic because they just stop coping as well. And I was like well, maybe this is it?

These stories are particular to women's experiences, trying to discern what may be related to ADHD, what may be a result of pregnancy or a miscarriage, what might be stress, the list goes on. For Jane, this was an understandably difficult and confusing time when she was trying to understand herself better and manage her stressors, while also coping with the COVID 19 pandemic.

Vicki also discussed her challenges with fertility during her low point and not being informed of family history, *“if I had a more realistic expectation of fertility, maybe I wouldn't have fallen so hard.”* The challenges of fertility and related hormonal, physical, emotional, and psychosocial changes are a unique experience to women. Further how these are understood

impacts women's relationship with their bodies and their understanding of self. It was implied, though not expressly stated (so there is some assumption here), that these struggles with fertility were internalized, much like how ADHD symptoms are internalized, as a personal failure. It appeared that the women tended to take these experiences as a sign that that something was inherently wrong with them and perhaps knowledge and support could have alleviated this, as indicated by Vicki and Jane.

Vicki described being diagnosed about four or five years ago, and she had undergone a hysterectomy at the same time, so she *“had to try and decipher the difference between what was hormonally... when I was like PMDD and all that stuff, so I had to try and discern the difference between the two.”* Her daughter had also gone through the process of diagnosis, and she reflected:

With my daughter, because she was also getting to menstruating age, right? So, you're like what is this?... And it could be something as simple as she ate red dye... is this PMS? Is this something she ate and she's celiac... when she gets gluten her symptoms are also very like emotion based so she would get very irrational and very like hard to negotiate with... so everything around me was just like no you need to pay attention to your body. You need to listen to your body. You need to pay attention to what you're eating. You need to, just like, have a more holistic approach to like what this feeling is, is this feeling a reaction? Is this feeling a feeling? Is this feeling a confused hormone, some chemical in the brain doing its thing?

When asked what the impact of learning about these things earlier might have been, she agreed it likely would have helped her understand what was going on within her body as well as with her daughter.

Especially just raising my daughter... she had sensory issues. She didn't want to be held, right? So you know, even just being, like does my kid hate me like what's going on here? There's a lot of things that the physical cues would have absolutely made my life... a little bit easier... and it can be so many different things too, right? ... that was a big process... trying to like, classify what's what.

She expressed the challenges she had because she took her daughter's reactions personally, until learning more about how her daughter's cognitive and emotional processes. Through education and learning more about how her daughter processes, she was able to better understand and respond to her daughter and combat this personalization. Further, the importance of education and understanding was a theme that showed up in other stories as well. Barb similarly recounted:

It's weird because this came at a time when I hit my early 40s. I was 43 when I was diagnosed and now I'm 46... is what I am feeling me getting older? Or is it me medicated, right? Yeah, where are these feelings coming from?

All the women indicated in their stories that having more knowledge about ADHD would have been helpful for them. Vicki expressed this internalization when reflecting on her experience being assessed as a child:

I didn't get diagnosed. I did not get diagnosed and so I spent my life thinking that I was just fucked up because while my brother has ADHD, that's not what I have. It's different and it presents differently in women and men, and I hit the wall, I hit the wall.

The impact of these experiences on sense of self created a sense of personal wrongness, akin to the previously discussed 'alien nature', of poor sense of competency and worth. The meaning behind these experiences could be summarized in Vicki's poignant reflection that the boys had a medical condition, while the girls were "just fucked up."

“Finding out I am not Lazy”

Narratives of self-discovery, acceptance, and re-defining what success meant for participants along with discovering their values, understanding and accepting themselves and how that aligned with finding acceptance from others. When asked about her high point, Vicki reflected on the time she met her husband of eighteen years.

[I] broke free of a lot of things that were kind of predetermined for me in life, and I had just kind of gained my independence and I had started to find out who I am... And then I met him and it gave me that next, level of it's OK to be who I am and it's OK to be independent and to be an adult.

She spoke about gaining more confidence and breaking free of some of the strongly held beliefs that were prescribed to her by her parents. Gaining independence, finding supportive relationships, and recognizing her values at a young age was evident in Vicki's stories, which appeared to have led to a better understanding of herself and what she wanted from her life.

Stefanie reflected that her high point where she taught snowboarding lessons led to understanding “*when I'm more active and outside, I am happier... as well as that when I'm doing something I really enjoy all the other things I think I don't want... it doesn't really matter.*” For both women, leading a value-driven life had become important to them, which meant re-defining what their values were in comparison to those they grew up with. In all the interviews, the high points were not just simply positive memories, but were connected to values and gaining confidence in self. Further, learning more, accepting themselves and how they learn and understand the world appeared to have a positive impact on self-concepts.

Dianne also discussed this past year as generally being her high point, as she is “*finding out more about myself... quirks that aren't necessarily quirks... and that I'm not, I'm not lazy.*”

She discussed how the label of “*lazy*” among other hurtful messages was pervasive throughout her life, and that adjusting her understanding of herself after being diagnosed has been a significant process for her. As Vicki discussed, within her family, they actively work to combat stigma that has affected so many.

We're very, very open about it. We're very candid about it... we just we want more people to understand that it's not a death sentence. It doesn't mean you're stupid. It just means that you operate differently than other people.

Vicki discussed how she is trying to support her children, the importance of sharing values and providing safety for her children. This contrasts with stories of rather unsafe experiences that was found in the participants’ earlier years, where they learned to be “*quiet*” and “*easy-going*” in order to not draw negative attention. This also contrasts with Dianne’s experiences as a child, as she reflected on a particular scene in grade three, where a teacher was “*very verbal on what her opinion was- so she had actually called me retarded once, uhm, lazy... it's stuck with me for a long time going that, maybe this is just the way I am?*” She further discussed how these labels stuck with her, and, though she knew she had ADHD, she didn’t recognize fully how it impacted her until she recently started working with her therapist, which she noted led to her high point.

It's funny, it's hard to put it into words... it is discovery... she helped me kind of go back to my childhood and as we figured out that yeah, I was just shy. And then circumstances kind of changed the way I interacted so my shyness became more socially awkward then.

There is a stark contrast between the messages that one is “*retarded*” versus “*it doesn't mean you're stupid...you operate differently*”. Dianne spoke of the work she is doing as an adult to combat those negative messages, but acknowledged she is still in her journey of personal

understanding and self-acceptance. There is a sense of hope here that, in a generation, Vicki's children will not have to live through the abuse that Dianne did, but also that Dianne has been able to do the work to find that self-acceptance. She discussed challenging those narratives from childhood and shifting her beliefs to realize *"I'm actually successful. Even though I'm not doing what I wanted to do, I'm still successful."* This shift from challenging the expectations set out for her as a child to create new meaning for success has been an important part of shifting her understanding of herself.

"I Didn't Succeed in the Same Way That I Wanted To"

The stories held themes about the changing way the participants saw success, whether they challenged pre-determined expectations or found that unexpected roles were a good fit. As Dianne discussed, *"I didn't succeed in the same way that I wanted to"* but she found her success, nonetheless. In similar themes, in her turning point, Vicki discussed a time when she was recognized for her volunteer and community work.

I think that was big for me because... you know, stay at home mom... [if] somebody asked me what do you do? I was like, [I am a] mom... but at that point I think once the volunteer things that I was working on and my... advocacy and things like that started to get noticed, I won an award from our town... they actually created an award to give me...and they still give it away now...that was probably 9 years ago... it's a lot of validation... the validation that I'm not just stumbling ass backwards through life.

When asked what this meant for her and her life story, she reflected:

I think that you don't have to have a title and that you don't have to have some sort of accreditation to be a useful member of society... my brothers were always, you need a degree. You're stupid if you don't go to school, you're an idiot if you don't have a degree

or you're useless. Am I? ... It's very validating to see that as much as we can be kind of ostracized for being our spacy or way too head in the cloud selves. It's working.

The meaning derived from this turning point focused on how Vicki lived her life in a way that did not conform to other's definitions of 'success', but she still found validation that her way was not wrong, and she could adjust what success meant to her.

Unsurprisingly, in adult nuclear episodes, the struggle with traditional work and school settings came up. Jane described how she struggled in university to find courses that suited her while working full time, and that she almost gave up due to burn out. She stated she was eventually convinced to take out loans to help get through in a manageable time, and at one time considered becoming a teacher.

I realized everyone in education was just a very good student then, so I was like I'm not a good student. I don't know if education's for me... when I graduated it was a lot of floundering trying to just apply for jobs and I wasn't really sure what I was looking for.

Somewhat ironically, Jane went on to work with individuals with disabilities, and her role included a lot of teaching about life skills, which she found she was quite good at. Jane has gone on to work in management for a women's shelter and reflects *"I feel like I've succeeded, but just reflecting...it feels like I just lucked out on a lot of my life"*. She explained that, had she originally gotten an admin job, as many women do, she would have *"felt like a total failure at my first job"* as she likely would have struggled with the type of work required. One point here is that Jane, perhaps, does not give herself enough credit for what she has achieved, instead attributing it to 'luck'. Another point is that the common jobs assigned to women, being administrative positions, would be difficult for many women with ADHD as they often require repetitive or boring tasks and organizational skills. Along this line, Dianne talked about her current struggles in the

workplace during zoom meetings where her boss expects employees to continually look straight into the screen to indicate they are present and she struggles with attention, *“I'm looking around... one day I said do you really want me to pay attention? Or do you just want me to look like I'm paying attention?”* As Jane had indicated, some of these administrative tasks are a challenge for one with ADHD, and Dianne was able to advocate for herself in this situation but reflected that learning more about how ADHD impacts her, helps her to stand up for herself as opposed to negatively internalizing these experiences. She discussed the past year as a significant time for herself and her self-discovery along with reflecting on past experiences, such as university.

It was always a struggle. Trying to figure out what I was able to do 'cause school was always so hard for me... but I needed a career... that was the thing, right?... Ended up dropping out second year 'cause it just wasn't for me.

She went on to say that her role in government work was not what she had expected for herself, but she expressed her realization that she *“didn't succeed in the same way that I wanted to”* but she was able to redefine what success meant to her.

Paisley also spoke of memories that furthered their self-understanding and self-acceptance. She discussed her realization in High School that *“I have to work a lot harder than most people...no matter how much work I put in, I would still not get the results... And it would make it very hard to keep working.”* In her high point, she told a story of getting into university after her struggles with academics:

It was so overwhelmingly joyous because I had... a hard time throughout my life, in school... I don't think I've ever worked so hard in like grade eleven and twelve... And like

to know it finally paid off... that was probably the most happiest moment of my life so far.

Paisley's story held themes of *"the perseverance I've learned... if I care enough and I work hard enough I can make it happen if it's something within my control."* It led to her realization that she could achieve her goals, though she may have to put more work in than others as *"I'm still finding that now, but it's all kind of about working through that"*. Jane also described a high point within her school experiences when, in grade nine, she wrote and shared a short story that became the class favorite.

I could see other students reading my short story and just being really engaged in it... it was just like a really high point... I'm not an academic and so it was really nice to have an academic highpoint... It may be the first time I really identified as being creative... I've always been creative, so I think maybe that's like the first point... that kind of tweaked in my brain a bit.

Both high points revolved around achievement and academics and, arguably, approval around societal expectations, and they encouraged a more positive and confident sense of self. Jane's story held meaning for defining herself within a social context, where she gained a surprising acceptance from the other students, therefore influencing her understanding of herself at a young age. It is interesting to note that Jane acknowledged the importance of the birth of her child, meeting her husband, but chose this memory, perhaps because it was a more personal memory; pivotal for reorganizing her understanding of self in an unexpected way after her previous experiences.

Barb also spoke of a moment that appeared self-defining and about sharing a story where she was speaking with a group of people:

I was talking about something I'm passionate about to a group of people who were so curious, like I had so many people message me afterwards and be like I really like this... I was nervous as hell but at the same time I think that was probably the best performance I've ever done... what it says about me is... I'm an open book... I'm not afraid to say things that other people might find embarrassing or cringy right, or at least I used to not be that way... maybe that's changed now... it's hard to say.

This memory appeared to hold important qualities that Barb appreciates about herself: her unique qualities and being accepted and appreciated by others for those qualities. This was of particular importance as at this time she had not started on medication for ADHD. After starting them, she found some benefits, however, the medication impacted her ability to maintain these qualities of “*unexpectedness*” and creativity, and thus her sense of self. The ability to engage in tasks, focus and get a better handle on the symptoms of ADHD clashed with the parts of herself she values and that are missing when she is on her medication. She discussed going through the process of understanding more about what she wants as she was healing from a significant period of burn out, and deciding what she wants to do next, but making an intentional effort to do something that aligns with how she wants to live her life.

“I Think it Broke My Heart”

Narratives about the importance and influence of relationships within childhood and adulthood were another common theme. Within the positive childhood memories, stories of formative times spent around family and close supports were shared; moments that would become foundational for future values and beliefs. These family and social experiences and relationships appeared to be protective for the participants. Vicki told a story where:

The foremost thought about my childhood was we used to camp and my dad used to take us on road trips and things like that and that's a huge part of who I am now.... [our] adventures and stuff like that. That was absolutely a foundation for, for everything that I stand for now.

She explained that “*experiencing everything that nature has... doing things that can be a little bit scary and pushing your boundaries... I didn't even appreciate it as much at the time... but now I look back and I think like man, that was huge.*” These experiences set up her value and belief system in an environment that held a lot of expectations for her, something which led to the later conflict in her relationship with her parents. Stefanie also reflected that “*a lot of the best times were our family times... it's really around spending time with mom and dad.*” She told about a specific time when the family drove across Canada for the orienteering nationals and expressed that this memory held meaning in that:

I think it says that I value experiences with the people that are really close to me... my Mom did so much for me as a dancer... and another thing, I liked being competitive so it was family time combined with competition.

Paisley also talked about memories with her family as her positive childhood memory, although she couldn't think of a specific memory, “*just thinking about it makes me very happy.*” She also related that:

I'm very, very grateful for that, and for my parents... Those experiences have really shaped who I am, like knowing I was a super active and happy kid I still want to be able to reflect that now because those were such happy years in my life and that's something I want to always feel.

Paisley and Vicki both described these formative memories with their families which provided the groundwork for who they are today and their understanding of self. Jane picked a memory with her mother where:

My mom used to carpool to work and we had a really long driveway. It was like a mile long and my mom used to tell her carpool friend to just drop her off at the end of the driveway and she would walk. And I used to love seeing my mom walking down the driveway... And I'd have my arms open, and she would scoop me up.

She explained that this memory held a lot of meaning in her appreciation for her mom.

My mom was very busy at work a lot... She was helping my dad on the farm, so there wasn't like tons of recreation that we could all do together. Like as we got older we go on vacations and I remember that, but... I remember a lot of playing alone, which is fine... but I don't remember her like playing with me a lot... she probably did, I just don't remember, but I remember that.

This positive memory from childhood appeared to be born from feelings of acceptance and love from her mother, of having that quality time, although perhaps not as frequently as she might have wanted, and there was a sense of longing for that interaction. A similar theme was expressed by Barb, when she recalled living with her grandparents when she was six years old.

Because my parents were getting a divorce and they didn't want me around for the divorce and honestly living with my grandparents was the best in the world. My grandmother would make me French toast every morning for breakfast while I watched Hercules... They always make sure that I was taken care of in a way that my parents never did.

Barb expressed that her relationship with her mom was strained, as she was told in her adult years that her mother was jealous of her for taking her father's love and attention away, which Barb relates was, "so cliché... I just roll my eyes." It appeared her relationship with her grandparents was quite protective and loving, providing her with an early attachment relationship, though attachment was not explicitly studied in this interview. Barb did discuss having a loving and supportive relationship with her long-term partner. She went on to describe a positive childhood memory that came to her mind.

This one particular time, it had been track and field day at my school. And I had won a bunch of ribbons. I also had the worst sunburn I've ever had in my life, and I was torn between being so elated that I had won all these ribbons... I was just riding high on all this adrenaline. But then I knew that the pain was going to hit, and my grandfather, he came home -and my grandfather was a gruff alcoholic man. While I was living with him, did his best to be sober and clean up and all that sort of stuff, but he came in, took one look at how red I was, turned around, drove an hour and a half there and back to get Kentucky fried chicken from the nearest town because he knew I was going to need something to cheer me up.

For Barb, this nuclear episode held meaning of the love she felt with her grandparents, and highlights that even though she was "happier with people other than my immediate family" she had people who fully accepted and appreciated her and how important this was. This story alluded to deeper meaning and themes that were seen elsewhere in the interviews, which is a testament to the power of storytelling, as they paint a picture of emotion and experience that would not be present in other mediums. The context of this story was to relay a positive childhood memory but started out with the divorce of Barb's parents. It was created out of her

appreciation for a sense of caring from her grandfather that she was not receiving from her parents. Of all the memories held, the positive childhood memory that came to mind was one that was born from pain and suffering, due not just to the sunburn, but from longer standing neglect. Jane described a good relationship with her mother, but her story contained experiences of inattention from her parental figures. The stories also tell of her understanding that the adults in their lives are human and have their own fallibilities, but their actions still portray love, as in her reflection of her grandfather, *“a gruff alcoholic man... did his best”* or Jane’s mother, who had a loving relationship with her daughter, despite having limited time. We see the meaning of love in an act when her grandmother *“would make me French toast every morning”* and the significance of having these caring people in Barb’s young life. For Vicki, Paisley and Stefanie, their positive memories with their parents provided the template for their own *“foundation.”*

Similar to Barb’s discussion about her relationship with her grandparents, the theme of chosen family versus immediate biological family, of finding family who accepts, was seen in several stories, such as for Vicki who discussed how she now has a close-knit group of friends and has developed a supportive community around her, while her relationship with her biological family is strained. *“I couldn't be happier with the group of friends that I have... a lot of my friend's kids are friends with my kids, and it works out really well... I love my friends fiercely.”* In Dianne’s story, her positive childhood memory was at age eight when she found her best friend who was *“quirky as well and... It just it didn't matter... my quirks at the time, it didn't matter to her... she was one that I could always just feel comfortable -almost like family”* and to her this was important because it meant that *“I can be accepted for who I am... no matter what.”* As noted, prior to this she didn’t have many friends, but her family life *“was great because... they put up with me.”*

The importance of acceptance was clearly a significant theme in the stories told. Paisley expressed that her most negative childhood memory was “*not as much of a traumatic kind,*” but at eight years old:

We were being babysat and we were watching a movie downstairs. It was my sisters and me... it would have been sometime after Halloween. And I kept like, lying and being like oh, I have to go to the bathroom, but I'd go up and like sneak candy. And then I got caught. And I was horrified, like absolute meltdown, and I was like, no please don't tell my parents... just remember being so upset and scared... it's still like with me today. I cringe at the thought of it. I don't know why it was so upsetting or scary to me.

Paisley described having a very close-knit family, but her story alluded to themes of fear of judgement, as expressed by other participants in childhood. It is interesting to consider that this was the formative negative childhood memory that came up for her.

I just didn't want to be in trouble or have anyone think less of me... I think there was also like a certain image that I wanted to be seen as, as do a lot of people you know. I was always the kid who was like super active and happy and all over the place kind of thing, so being seen as the lazy and trouble kind of kid was like, no, that's not me. That's not me.

Like Paisley, Barb identified a memory where she was concerned about the judgement of others. Barb discussed a memory in grade four where a favorite teacher reacted poorly to her attempts for attention.

He was just my favorite person in the whole wide world. And then I remember one day we were writing poems and I was wanting his attention. So I was acting up... I was saying something about, what does an ass look like? Because I meant in terms of donkey and he knew I meant it in terms of donkey, but I was being really obnoxious about it... and he

just looked at me and said, why don't you look in the mirror?... That sort of crushed me... I think it broke my heart... It definitely damaged my relationship with him and I just became really withdrawn... because I was not the sort of person who would try to get attention. That this one time I did try to get attention and was shot down... even to this day, I don't like asking for things from people, especially their attention.

Barb had previously shared parts of her story where she was considered “gifted” but was also isolated in her school and felt more accepted with her grandparents than her parents at home, perhaps making her relationship with her teachers more important. The picture created in these scenes held significant meaning to our protagonist's understanding of themselves which they were left to unravel as adults, as will be explored in later stories. These stories reflect how important these relationships and the judgement of others, especially other adults, were to the protagonists growing up.

“I was Bullied Relentlessly”

Unfortunately, bullying was a part of everyone's story, aside from Paisley, who was notably the youngest participant, by a significant margin. Jane reflected on experiences of bullying in her negative childhood memory.

Bullying or drama with friends would stand out, there was this one time-there's many negative bullying [memories] but I remember in grade five... I don't remember why I had a beef with this one girl, cause she wasn't really in my circle of friends, but she went around the classroom and asked every single classmate if they liked me or not. And [after] she was like, they all said no.

She recounted that this experience was pertinent in that she has “*always been sensitive to people’s opinion of me, I think. I definitely place value in other people’s opinion,*” though she

also relates in recent years “*it doesn't disable me with fear*” as it once did. Dianne also recounted:

I was bullied a lot as a child... now I know, because I was so shy. And kids can be cruel and it kind of set the stage for many years. So I spent a lot of time by myself. A lot of recesses just standing around.

The theme of being sensitive to the opinion of others was a prevalent one, as well as overcoming the fear of others' judgements later in life, as will be discussed. Further to this, Barb reflected:

I feel like I had to consciously learn how to behave... Just so that I wouldn't stand out. I wouldn't draw negative attention to myself, I mean the other the other kids were just cruel all the time. I was bullied relentlessly although I was bigger than everybody else, like when I was in grade five, I hit my growth spurt. So suddenly I was like 5 foot, 6, 5 foot eight and nobody would pick fights with me, but they were emotionally abusive.

This theme was reflected in other stories, where the difficulties in learning how to socialize and trying not to “*stand out*” led to more negative attention, not just from other children, but from adults.

Both Dianne and Stefanie discussed challenges with trusting relationships in childhood and adolescence. As already noted, Dianne had a difficult time being open and making friends until she met her best friend at age 8, and she discussed her current challenges with socializing. Stefanie also discussed stories of being betrayed by friends and how she made friends for the first time in high school, but the quality of those friendships was uncertain.

I have friends now, but I'm not sure how much they actually like me... I remember hearing about my best friend... or maybe it was the other friend that said it to her... I feel bad for (Stefanie) because nobody likes her, and so literally once I graduated, I basically

discontinued friendships with pretty much everybody... I didn't really trust people to not hurt me so as much as I would probably overshare at the same time, I didn't really trust people.

This story reflected the familiar challenge of having healthy and supportive relationships, along with challenges in social interactions, such as oversharing information. Stefanie also described having multiple relationships in high school.

There was actually a joke that in my Grade 12 year, one of my friends... made a bet that I couldn't stay single for more than two weeks 'cause I... didn't keep boyfriends for much longer than two weeks. So, like before... I don't really want to keep you around I've got lots of stuff going on in my life...then some other guy would be interested or whatever and it was just a repeat... But I got mono and so I did end up winning the bet.

The search for connection and meaningful relationships was a powerful theme that stood out in all the stories, along with the challenges in socialization skills and being treated poorly by peers. It appeared that the struggles in socializing, or the fears of rejection and judgement were often initially taken as something was inherently wrong with the individual or thought of as common childhood experiences. There was recognition that bullying is an unfortunately common experience in childhood, ADHD or not. However, in adulthood, there was more reflection on how ADHD symptoms could have impacted these early experiences, as well as the meaning derived from them, including a sense of 'alienation'. This is not to indicate that ADHD symptoms were seen as solely responsible; there was an understanding that the adults and children around them were also a part of their experiences, such as Dianne recognizing her teacher was in the wrong or Barb recognizing unhealthy behaviours from her parents. It generally appeared, however, that diagnosis or learning more about diagnosis changed the

meaning of these events from inherent deficits to reflecting that ADHD likely had at least some influence on their experiences.

“You Aren't Alone”

Themes around acceptance and support were apparent in vivid adult memories, as reflected by participants, and which is interesting as the prompt for this was quite open compared to other points asked about. Paisley discussed getting re-diagnosed at the age of 14 as a vivid point which was:

Exhausting... we reconfirmed, the ADHD, but then he [said]... you also have a math disability... getting the confirmation... there is an actual issue, and it's not necessarily your fault... but we're going to help you, and we're going to put these accommodations in place for you for school in the future... that was super reassuring and calming to me... I like to do things on my own a lot. But having that feeling... you aren't alone and you're allowed to ask for help is big... for me.

Having her struggle validated was important for Paisley, as well as the relief that she would not be alone in the struggle; that she would have support appeared to be what made this such a vivid memory. In similar themes of having validation, Jane discussed a time when her former colleagues threw her a surprise party after she left her job.

[I] started my new job and it was really nice, and it was a big surprise and I felt... really valued... But it was also very stressful ... a lot of small talk with a lot of people... I think that stands... being appreciated has always been important to me and it was really nice to feel, the value and the impact that I had had then.

This story showed her conflict of wanting validation along with the stress of socialization. Just as with Paisley, the interaction (or asking for help) could be challenging, but the validation received

was so important that these stories stood out as a vivid point. Dianne also reflected on her relationships with her colleagues for her vivid adult memory, though she didn't specify a specific moment, she shared her general experiences and their impact.

Being awkward around coworkers and kind of shy... It just kind of reiterates that, medication or no medication-certain-I don't know... skills, along with personality, it's not going to change who I am. So I'll probably always be awkward around people, but it's a matter of do I care?

We see this theme of wanting acceptance in society, despite the difficulties socialization might hold, but also finding acceptance of self. This acceptance journey is a strong thread throughout all the stories, where finding a sense of authentic self, even if it goes against social norms, had been part of the participants' process, and one which was further impacted by a diagnosis of ADHD.

This theme was also apparent in future scripts or hopes and goals for their futures. Dianne discussed wanting to connect with others, *"I'd like to see myself being able to get together with people, making friends, not just acquaintances."* She further reflected that, to her, this meant *"that I am growing, realizing my potential."* Paisley also discussed the importance for her of *"navigating relationships for sure, and like who I want to keep in my life and what's a meaningful relationship."* Both women expressed that healthy relationships and authentic connections were very important for them moving forward. Vicki identified supporting her children as her focus for her future.

My next phase is... helping my kids grow into healthy adults... helping my daughter develop the tools and the skills she's going to need to not be eaten alive by this world, as an ADHD child... especially being late diagnosed, I want her to have opportunities and

tools I didn't have, so that's a big focus for me... making sure... they're going to be able to enter the world in a safe way, not necessarily the traditional way that our parents would have... I'm not 'go to school or you'll be nothing'. Or, you know, 'save your money, you need to buy a house'.

Vicki's stories held her values close, and it was apparent that she was determined to live an authentic life despite what she was taught growing up, and it was very important to continue that with her children.

“A Curse and a Blessing”

Within the narratives, themes of understanding ADHD, self, and identity were also prevalent. Paisley and Dianne were both diagnosed in childhood, though both had different experiences after diagnosis, and there is an age gap of over twenty years. The impact of diagnosis on identity was seen in Paisley's story, who recently started her first year in university.

I've been able to reflect on my whole life of how it affects me, whereas people who are only diagnosed as an adult... I can only imagine how different and upsetting or happy that could be... throughout my life have kind of been able to reflect on and see how different aspects affect me from different ages.

The other four participants were diagnosed in adulthood, though they all remarked that they felt different or 'alien' from a young age, ADHD was not a part of their understanding of self, for better or worse. As Paisley also remarked, *“it also...makes me a bit like worried... like the fact that I can't differentiate myself from ADHD”* and considered the impact on her understanding of herself had she been diagnosed at an older age. She wondered if she would experience a sense of wrongness, as identified in some of the other stories, or if there would be more acceptance in her generation towards those who are a bit different. Paisley recognized she had her whole life to

understand how this impacted her; on the other hand, ADHD has become a significant part of her identity, and she queried to what end? She noted it had come to the point that she could not separate herself from her diagnosis, which was troubling for her. On a more positive note, she appeared to have had good social experiences from a young age, and her sense of ‘alienation’ really focused on her academic struggles, which, to her credit, she has been doing well in.

Dianne was diagnosed in grade nine and was the only other participant diagnosed in adolescence.

They finally figured something was going on... I remember thinking, well yeah, that just makes sense... I was put on medication before high school- so grade 9... I don't know if at the time I realized if it worked or not... there's a few times I remember on weekends... I'd probably be just chatting, talking up a storm or whatever, and both my parents would be like you taking your meds yet? Obviously, it calmed me down more than I knew.

She went on to discuss how certain things she struggled with, such as social skills, were not tied to her ADHD until recently in adulthood, where she sought out a therapist after struggling with anxiety symptoms during COVID.

I started seeing a therapist and we kind of tied it all into not having certain skills, not developing certain skills, but a lot of it didn't come out because 'cause you know I didn't have the opportunity, right?... when you're by yourself... And I've never had a therapist that believed in adults with ADHD. So that also played a big role... I've seen therapists... But it was never tied to my diagnosis. Of course that was still back then... it was more, children have it, not adults right?

The meaning and understanding of diagnosis became pertinent here: for Paisley it was a tool that allowed her to access supports but it also impacted her understanding of herself in different

ways. However, Dianne was not afforded the understanding held today about how ADHD impacts more than just attention and, while medication was helpful, it was not until adult life that she gained a bigger understanding of how these things impacted her.

Stefanie reflected about qualities of herself as being a very caring person and when asked if they were personality or ADHD related, she responded *“that moral compass and stuff like that and the values that like, I've gotten from my family ...and my experiences of being treated shitty by other people and not wanting that for others”* therefore it was inextricable as her experiences due to ADHD led to her deeply valuing compassion for others.

When Dianne reflected on how ADHD impacted her sense of self she reflected, *“It's part of the self-discovery I haven't hit yet.”* She later talked about the importance of learning and educating herself.

I've done a lot of reading over the years. A lot of ADHD books... on my shelf... before I was trying to find out who I was now it's- I have answers now, I just have to figure out how do I do it?

Paisley was the only other participant diagnosed as a child and expressed that describing and understanding herself without ADHD was a challenge.

It's something I'm still trying to figure out. I don't know actually... all the things that I think about to describe myself like, I'm a super super empathetic person, but that's also like ties back to ADHD. So I think like for me, I'm still trying to figure out, does everything tie back to the ADHD? What are ways to describe myself that wouldn't include the ADHD?

Paisley later indicated she has a good sense of self and who she is and further was able to identify her strengths as well as what is important to her but acknowledged that many of her

attributes can be impacted by ADHD symptoms. She has also grown up in a generation that has less stigma than the other participants, meaning integrating ADHD into how she understands herself likely comes with less shame, and she has also had more support. When asked how ADHD impacted her story Dianne thought:

That's a heavy question. I think of how my sister lives, and I imagine that my life would be similar. If I didn't have ADHD... I'd still be shy, but I wouldn't be missing out on certain cues and awkwardness and... I think I just never gained enough confidence in myself.

Dianne expressed her process of adjusting her beliefs about herself and that this year had been about self-discovery. Jane also discussed ‘unpacking’ her diagnosis.

The emotional rollercoaster you kind of go through is a lot... it's been a lot of like unpacking... I feel like I've succeeded, but... it feels like I just lucked out on a lot of my life. Like my first job... I was applying for admin jobs... If I had gotten that, that would have been awful, and I would have felt like a total failure at my first job, right? So I lucked out that I had such a hands-on job.

This was similar to Barb when she discussed being “*high functioning*” (though she expressed distaste with the word). Both women recognized they struggled in certain areas but were able to find employment in areas that allowed them to succeed; although perhaps not roles they had set out for. Vicki reflected on being diagnosed as an adult, recognizing the challenges she went through as a kid, and that she “*embraced that I was a weirdo... I accepted that I was different at a young age, and so it [the diagnosis] wasn't a huge shock... I wish I knew which category of weirdo I was.*” As with the other women, there appeared to always be a sense of being different,

which in turn impacted understanding of self, and with the diagnosis of ADHD came some answers but also the challenges of extracting oneself from a label.

Themes around learning how ADHD impacts individuals were discussed, as well as the importance of family and friends being supportive and accepting. Dianne discussed the impact on her relationship with her sister and how this had furthered her self-learning.

I've gotten closer to my sister as an adult... she's a teacher, so she's kind of learned a lot about ADHD over the years and she's now understanding me... cause she never did understand me. We always butted heads and I probably pestered her... and now she understands it... she'll come to me and say, so what do you do in this situation?... what did she send me a video of? It's called emotional regulation or dysfunction... she goes, this kind of describes you. It was a Tik T.O.K video. Was like holy shit... it's not so abnormal.

The understanding of how ADHD impacts things like emotional regulation led to an important moment of self-understanding for Dianne and which had a positive meaning, “*it's not so abnormal*” also means ‘I’M not so abnormal.’

When asked about life themes, the impact of ADHD and self-acceptance was prevalent. Dianne described her central theme as “*you can do it. You're a work in progress*” alluding to the work she has done on understanding and accepting herself. Paisley stated, “*I would definitely not be in any sense or realm who I am right now, if I did not have ADHD... it's been a curse and a blessing.*” Similarly, Vicki reflected:

It's OK to be who you are and you're probably not the only one. That was a huge thing for me... there is an entire community of people who think very similarly to how I do you know, even if ... we don't see eye to eye on. Chances are our thought processes are quite

similar and... we're not broken. We're not defective, we just do things differently, and in my experience, I think we do things a lot more efficiently than a lot of people do.

Paisley described the central theme of her life story as, "*Patience and- It's not going to be easy, and there's going to be a lot of work. Hopefully it'll pay off. Sometimes it will, sometimes it won't.*" She further reflected that:

...one of the bigger parts is like wanting to show myself in a certain way and only reflect... or try to show... what people want to see or have seen in the past. They're like, oh, you used to be so this and I'm like, oh I really still want to be that but like, what are you seeing me as now if not that? And the, figuring out all the different things about my ADHD... it's kind of like a weight off my shoulders to know I'm not the only one.

Vicki was open in her reflection that "*the word diagnosis is kind of a bad spin on it*" while discussing life themes of living ADHD, and the "*negative*" aspects are more a reflection of current societal standards vs detriments in the individual.

I think that there's a lot of our struggles are being expected to fit into somebody else's mold and I think that that gives it a negative spin and I don't think this is a negative spin. We're hunter gatherers... the people who have survived... the resilient people, the ones who keep going, the ones who ask questions. The ones who, you know, taste the forbidden fruit.

The themes seen in these stories indicate a shift in understanding of the self and of wider society. The earlier experiences of not understanding rules and why they changed, of trying to make sense of the social worlds around them. There was a shift from internalizing experiences to understanding "*I am not the only one*", "*were not defective, we just do things differently*" and "*it's not so abnormal*" which were important to self-acceptance and recognizing there is a wider

population with similar experiences. This ongoing theme also leads to pondering the social constructivist notion regarding ADHD, that perhaps a diagnosis indicates a brain abnormality, but would it still be considered an abnormality if we did not have societal expectations or pressures to act a certain way? Vicki posited an argument against this label of disorder:

I think that it's neither a strength or a weakness. It's that everything around us is what we're supposed to measure or what's right like, sorry, but a bunch of dudes 150 years ago deciding the way that the society should work? You know, that's just a little tiny pin drop in the whole human scheme, right?

This reflection is significant: that the labels of diagnosis decided upon by “a bunch of dudes 150 years ago” have such an impact on so many lives. If one is born an ‘alien’, does this mean that they are inherently wrong? Or are some simply born different and expected to adapt to a difficult environment? Vicki spoke passionately when it came to her daughter being diagnosed.

A lot of people look at it as a bad thing, and a diagnosis means something is wrong with you. And it's like, no... it's just a different brain type... that's the biggest thing that keeps me going... no, not broken, just different... I would never want anybody to think that my daughter is disabled. That's the last frigging thing she is. She's so incredibly able... it's just a problem for people who expect her to be a certain way. It's a them problem, not a her problem.

She discussed important points about the power of language, and who gets to decide the dominant discourses in the wider Western society. Stefanie also had strong feelings that, unlike her experiences of depression, “ADHD is part of my identity. It's part of what makes me unique... it's part of the challenges I face, the barriers I face and the successes I have... I don't experience ADHD, I have ADHD... I'm OK owning that.” She went on to discuss that society does not

necessarily have the same viewpoint, *“I'm not sure I'm OK with telling everybody, especially to get a job...I don't want to create an unnecessary barrier for myself”*. She acknowledges similar themes here, of the struggles she experiences with structures that make it difficult for her to succeed in the way she wants, but also of her positive qualities as well that are a part of who she is and therefore her ADHD. Dianne had similar thoughts about being an advocate for others, especially after the struggles that she has faced.

I'm an advocate for helping people understand, you know? That being different is not a bad thing and, you know, discovering who you are. Don't avoid it.

She expressed her frustration and fears, stemming from her own experiences and how her self-concept has been impacted, and how it shifted when she learned more about ADHD.

Interestingly, medication and identity themes were a common aspect of the participants turning points in the nuclear episodes. Dianne discussed her experiences with medication. *“I personally advocate for medication because it's helped me so much. I can't imagine where I'd be if I didn't have it”*. Paisley brought up medication as *“so life changing and everything just went up from there, which was awesome.”* She discussed in her turning point that she found a medication that worked well for her, it was a relief as it alleviated some of her struggles with academics. She also discussed that being on the medication led to comments from family members that she *“lost her sparkle”*. She discussed her different experiences on and off her medication further.

[I am] not all over the place... I'm able to sit down and focus and not like doze off, like there's one time. We were driving up to the mountains... I wasn't on my meds. And I look over at my sister. I'm like, how much do you think that mountain weighs? She was like I don't- that's like a very out of pocket question... it's things like that... when I'm on my

meds I'm... in the zone not distracted and then when I'm off my meds I have more creative thinking.

Of note, Paisley did not appear to take the comment “*losing her sparkle*” as a hurtful comment from her family, whom she discussed as being very supportive and loving. It was presented more like a factual statement, but it leads to an interesting similarity to Barb, who discussed her challenge in losing her creativity and impulsiveness with her medication, a side of herself she values dearly.

Paisley remarked that when she graduated, she made a social media post saying, “*with the right medication, anything is possible,*” and while she recognized “*obviously it wasn't only the meds... I'm the one taking the meds, it's my brain,*” but to her this meant that “*success could happen... I don't think I pictured myself as unsuccessful, but it just felt like a piece that like fit the puzzle finally... And like just knowing that there's like different ways of doing things.*” Dianne also discussed medication as her turning point, that she was put on medication in grade nine and discussed recognizing how much they ‘calmed’ her. Dianne also discussed that she “*feels like I am two different people sometimes... which one is the real me... self on medication then self not on medication?*” She further acknowledged, “*I don't like who I am without my meds, and I don't know if that's healthy or not.*” The ongoing consideration of the medicated self in contrast to the unmedicated self appeared to be ongoing for both Vicki and Dianne, and both discussed that they are still processing what this means to them and who they are.

Jane did not discuss medication but added to the theme of academic success in her turning point:

I think when I was first in high school and I called my mom about my first like really good grade. It was just like nice to be successful in school for the first time in a while

because...It's just a strong part of your identity... So it was nice to have that part of your identity more fulfilled for the first time.

For Jane, much like Paisley, this experience appeared to provide a boost in confidence and held meaning in that she could find academic success. It also validated that academics are a high point of pressure for many young people, and the impact on identity when students don't necessarily learn the way that schools teach. This was not just seen in the turning points, but throughout the narratives: the frustration and the creativity and hard work that was put in to adapt to learning environments to find success.

“Awareness of Who I Am”

Participants were asked about their narratives on a holistic sense of self. While narratives provide a picture of lived experience and understanding of self, they can only provide the listener with their understanding as created within the mind.

When asked to define sense of self, the answers varied, though they held some similarities around acceptance and finding meaning and value, as well as the impact of social interaction and norms. Stefanie spoke about her *“awareness of who I am... that impacts me and also how it impacts what's around me and who I interact with.”* Paisley responded with *“knowing what my values beliefs, viewpoints are and expressing what I love and is meaningful and important to me.”* Dianne's definition was *“accepting who you are...with realizing...I don't know the best word...deficits or deficiencies”* and agreed that having an honest understanding of self was important. Jane noted she has *“always had a strong sense of self”* and defined it as *“I know who I am... and being aware of who I am around others... continuing to self-observe... that's kind of who I am.”* Vicki spoke to *“just knowing... what, when, what you're doing is because that's who you are and what you want to do versus what you think you're supposed to do*

in that scenario.” When asked, Barb acknowledged *“my relationship with myself is not the best, well put it that way... to me self is... disconnected fits.”* Stefanie, Paisley, Vicki, and Jane expressed having a strong sense of self and being, while Barb and Dianne both acknowledged they are in the process of getting to know themselves better.

“Chaotic...but Creative”

Narratives on self and living with a mind with ADHD were described in different contexts. Dianne simply described it as *“chaotic”*. Barb reflected on the differences between being on medication and not, as this has been a struggle for her in deciding what she wants to do to live an authentic life for herself. She reflected on her experiences with her *“ADHD mind”* and the impact of medication.

I would describe it as... premedication, it was impossible for me to be bored... I could be happily lost in my own thoughts for hours on end... I used to actually think that it would be impossible for me to be bored. Pandemic and medication has shown me this is not the case. I can actually be bored. And I don't like that feeling. But, I mean it exists.

Her description aligns with Dianne’s thoughts on *“chaotic”* but with a more positive expression, and though Barb expressed a lot of appreciation for her mind’s creativity, she also acknowledged the challenges.

...you can surprise yourself... you make connections that other people don't make and you come up with wonderful new things... otherwise I do think that living with an ADHD mind can be challenging... I figured out coping mechanisms. Were they the best coping mechanisms? Obviously not because I'm now in my exhausted phase... I hate this term, but I was able to be high functioning for a very long time... I follow ADHD people on various social medias and they'll talk about how they weren't able to hold down a job... I

can do those things. Uh, although... I have switched jobs every year for the last, like three or four years. Not because I'm like forced out... it's just I get bored.

Barb, while she has struggled with the way her brain works, has benefited as well, and has been able to generally attain the goals she has set. She also went on to discuss an interesting phenomenon, her disconnection with time. She stated *"I do think a big part of the impact is that lack of understanding of the passage of time, because it does feel like you're kind of stuck in in a time warp sort of thing. Yeah, which is honestly quite enjoyable."* Again, she acknowledged that, perhaps, this would not be considered a positive thing for some, but she enjoys the experience of her creative mind wandering and getting lost in time, and this has been an important part of herself and her identity in the past. This has added to her conundrum about medication use: on the one hand she is more effective at her job but, on the other, she loses those parts of herself that she holds dear. She discussed that she is thinking of leaving her current field, partially to explore her more creative side and to be able to live more authentically.

Vicki described her experiences by saying *"I have to go with my gut a lot... it's a lot of making it up as your go, but also knowing that so is everybody else... breaking down the norms that you've been expected to conform to."* She clarified that, growing up, she was expected to adhere to a certain set of rules and norms, which she challenged in her teen and then adult years.

You're supposed to have a degree by my age, you're supposed to... parent a specific way. It's just a lot of that is... not the case and it is OK... give yourself grace...when you're like, you know it's gonna be harder if I do it this way, but I have to because I need to learn or I need to set an example for my kid... don't take the easy way. Deal with this properly so that you understand the process... a lot of it is understanding the process of things...we

have a higher processing speed in our own brain. So we have the capacity to experience things on a level you know of, like high definition that people don't, right?

She alluded to a similar theme as Barb, that the differences of her “ADHD mind” comes with challenges, but is not necessarily a bad thing, despite these challenges. Her reflection on giving herself ‘grace’ is salient as it indicates the intentionality of being self-compassionate; a process that has been portrayed as difficult but important in the stories. She expressed that the values and expectations she was brought up with do not coincide with her own and with how her mind functions: therefore, she has found ways of living that are more attuned and authentic for her. Stefanie discussed the “*unnecessary barriers that can create a lot of stress...just to excel*” and much of her story discussed overcoming obstacles she faced due to thinking in a different way and also finding ways of giving herself ‘grace’. She discussed the good things, “*I’m kind of proud of the fact that I find back doors to get into everything*” but acknowledged the stress it has had on her. Paisley also discussed feeling at times “*I am the most creative special person ever... and then sometimes... I feel stupid and I’m always two steps behind or my mind is going from thing to thing to thing and I can’t figure out what I want to do first.*” She brought up that, while she often experiences the more negative aspect of having a mind of ADHD, “*there is definitely a lot of positive that isn’t talked about as much.*”

“There’s Perpetually Not Enough Energy and Not Enough Time...Not Enough Stimuli and Too Much Stimuli”

Narratives on self in the body were dichotomous, as some participants felt a sense of “100% disconnection” with their bodies, while others felt they had a “pretty strong connection to my body.” Dianne answered, “*that one is a tough one, I’m not sure... chaotic still comes to mind.*” Barb reflected, “*I feel like I have spent so long masking that I’m not too sure who I am.*”

Both acknowledged that they struggle to be aware and connected with their bodies in different capacities throughout the interviews. This was the opposite experience for Stefanie and Paisley, who both expressed feeling very connected to their body. It is interesting to consider their differences between feeling connected to the body and the ability to self-regulate behaviours. While one might think that feeling connected would increase agency over the body, there was a discrepancy, for example, Stefanie felt very connected to her body and has excelled in dance and sport, but also struggled with clumsiness and subsequent injury in her day-to-day.

For all the women, no matter where they were in their processes of self-discovery, learning about their body and ways of being in the world was an important part of understanding self. As mentioned by Stefanie at several points in her interview, coping strategies and self-learning appeared to become a part of early experience whether she recognized it or not, such as learning to dance at a young age, *“I’m not clumsy if you put music on”* as she learned this was a way of attuning to her body. Dianne recollected the coping she did as a child, although she was also not necessarily aware of the intent of what she was doing, *“I wasn’t hyperactive in the same sense as like running around... my way of dealing with it was I did crossword puzzles or word searches, you know, while trying to listen to the teacher right so I always had it hidden underneath my papers.”* These experiences were echoed by Vicki when she talked about living with the body of someone with ADHD.

Immersive, very immersive like I like to touch things... I like to be moving around. I don't like to sit still. I cannot sit in a desk to save my life. I'm like one leg up. I switch in, I'm playing with things, playing with my hair... it's not that I'm like, antsy, need to burn energy. It's just that I need to feel and it's very different than most people and I have to account for that.

Dianne also talked about her experience with the physicality of ADHD and how she has, somewhat unconsciously, learned to hide in social settings.

The fidgeting... I guess it's such a part of me I don't even think about it?... I think I've learned to hide it a lot. By like fiddling with my phone, like playing on my phone more. Uh, so you don't kind of see the fidgeting around it's kind of you're tapping buttons, right? I've hidden a lot of it.

Paisley also reflected that, at a young age, “I was a very very active kid. It was very difficult to get me to not move.” For these women, the compensatory behaviours have been present throughout their lives, but recent learning about ADHD helped them to understand and perhaps gain more agency over their bodies. Vicki reflected further on her learning as an adult, not only for herself, but for her children.

I'm going to have a three-hour drive, I'm probably going to be bitchy when I get home... one big example that I use is when I would take my kids on road trips. We would go every spring break... I would take them by myself and we'd go drive to Vancouver Island or wherever we end up... I found that if we would drive for a couple hours... we'd stop and make sure we get out and stretch our legs, because if we don't, somebody can just, you know, get out and take a pee and come back and get in the car and they're gonna be fighting in twenty minutes... that was a huge thing, as recognizing that that physical need... how that manifests in your behaviours, yeah?

These themes indicate that learning about one's body and processes are important for agency and self-understanding; however, the ability to control behaviour, movement and emotion remained a struggle despite. Vicki was active in learning about her own self-regulation and therefore active in teaching her children despite this struggle.

“Now I Am on The Right Path”

Narratives of self in spirituality were varied across the participant's stories, with some participants saying they belonged to a formal religion, while others had different ways of understanding spirituality. The experience of being outdoors was important to some as part of their spirituality. Some also shared the difficulties of having a “*questioning mind*” while trying to fit into organized religion.

Barb reflected on her spirituality and shared, “*when I worked forestry there'd be brief moments out in the woods where everything would just be perfect,*” and, for her, these “*perfect little moments... almost seemed spiritual.*” Stefanie also talked about the importance of being connected to nature as a part of her spirituality, as “*my biggest aspect of spirituality is being connected with outside.*” Vicki also shared about the importance of being connected with the outdoors earlier in the interview when she shared a positive childhood memory of camping with her family, she reflected how important these experiences were, that they were “*good for my soul*”. The experience of being in nature, and the important moments and challenges in those experiences, appeared to be authentic and meaningful experiences for these three women. They also shared the importance of being able to ask questions and have their values align with their spiritual or religious practices.

Barb appeared to struggle with the term spirituality, although she noted that her time in nature “*almost seemed spiritual*” and came up with her own definition that held meaning for her experience.

I'm not a terribly spiritual person, and I mean part of that is because I can make up way cooler gods... Sorry, but it's true! But also like I wouldn't say spiritual, but I would say, superstitious... Especially when I was younger, like there were some like little OCD

tendencies like before you enter a doorway, you knock on the door frame... so I would say if there's any sort of spirituality, it's more like superstition and that spirituality that I do occasionally feel usually happens in my dreams.

For Barb, part of the block in discussing spirituality was that it did not feel authentic and, further, she believed she could create a more interesting spiritual reality that would be more authentic and meaningful to her. This thought of spirituality as akin to religion and feeling too restrictive was apparent in several of the interviews. As Barb further reflected, *"I don't think my ADHD can coexist with religion or spirituality... I feel like faith requires you to just shut off the questioning part of your brain quite often and I just, I can't do that."* She discussed a time in the past when she had been baptized, partially at the behest of her grandmother, but she found that the church and organized religion did not align with her value system after her pastor *"told us how to vote on gay marriage"* – she stood up to him and then subsequently left the church. She stated that *"in the midst of all this I could have let go and like chanted in tongues or did dance worship... it was very exciting to be around... but I just didn't connect to any of it."* Barb recognized that she did not connect to these things and had a strong enough sense of self in those moments to realize that the church community was not for her.

Stefanie also discussed her experiences with the church community and the importance of adhering to her values.

I grew up going to church until I was about 13... I believe in God. I think the church can be a very toxic place... I mean there's some good. I feel like... that area of my life is kind of lacking right now... supporting other people... I think that's partly connected with my spirituality cause that's something that you know I'm doing, like a church person would say, I'm doing good works.

Stefanie noted the importance of supporting others as a part of her values and meaning and, therefore, appreciated that part of her church community that allowed her to engage with this. Like Barb, she also acknowledged the importance of her church aligning with her value system.

I miss going to church, but I live in northern Alberta and so I'd have very low hopes that I would find a church that my partner would be interested in going into... I have a huge issue with a lot of things going on here... I mean we've got anti-maskers... if I could find a church that [said]... it doesn't matter that the masks mandate has been lifted, were still going to, that's probably a church I would go to.

Vicki further described coming to a similar process of seeking authenticity, and the challenges she faced when she would find herself asking questions growing up in a Catholic household.

It was, this is what you do. This is how it is. You don't question you do it, it's very ritual... it's very rigid... that was how I was raised, and at a certain point I'm like, yeah, but this person is totally different, and they're nice?... my parents are very devout Catholics, but...you're just regurgitating... you don't know anything different. How are you convinced that that's the right answer, and I think that's me in a nutshell, right? It's just that's life, question things.

Vicki and Barb spoke explicitly about the importance of asking questions and being able to express themselves in a religious environment, and Stefanie alluded to this in her story as well. They brought up interesting points about how they often find themselves questioning things, how this could relate to having ADHD and, further, how this was of value to them in living their lives authentically. Vicki further described her current spirituality as “*the beginner's mind*”.

I don't have the answers. I'm open to a lot of things. I will read up on pretty much any faith, any ideology I can... I enjoy asking questions of people who have a different belief

system than I do... I don't particularly enjoy people who do claim to have the answers either, so I think it's just that that beginner's mind is always learning, always listen.

Jane shared a similar story of leaving the church as she found she didn't connect with it.

I was religious at one point. I'm not anymore, but I identify as theist, which just means that I believe in a God. I don't call it God. I call it the universe... like an invisible non feeling wind that you can feel... if shit keeps hitting the fan... you re-navigate and you're like, oh now I understand I should hit the fan and now I'm on the right path like that's kind of how it has felt... I have heard that people with ADHD have a very good intuition. So maybe that's just what it is, but I like to pretend my invisible non feeling wind.

Jane shared that her own intuition and connection to her universe is her authentic spirituality, and she further expressed the interesting point that appeared to be shared by Vicki, Barb, and Stephanie that their intuition – or following their own path despite what others may want – was a part of their spiritual selves.

Dianne stated she was “*religious in the religious sense, but not in tune with myself.*” She identified her religion as Catholic, which “*kind of giving me something to hang onto... When I'm having one of my crazy days... it's kind of a prayer to just calm me down.*” She shared her thoughts on being Catholic and living with ADHD; “*I don't think it's any different than anybody else*” and expressed that her religiosity was not impacted by her ADHD. Regarding her spirituality she shared:

I guess when I'm thinking about like spirituality and stuff like that, like I'm just starting to try to find inner peace?... what do they call it? [Mindfulness] Being in the moment... it's so hard... I really struggle with it... it's supposed to be helping me with other issues- and for retraining my focus. And yeah, it's failing.

Dianne discussed her religious self as Catholic and finding it helps her to calm, but her spirituality is something she is struggling with along with her work on her mental health. Paisley also discussed being a part of a formal religion, that she is Jewish, which was very important to her. She also shared that she engages in meditation and yoga practices as a part of her spirituality and further stated she would not describe herself as *“super spiritual, but I’m not, like, only science.”* She discussed how she was *“basically a huge ball of stress”* before these practices, and that building her awareness and finding more relaxation had allowed her some insight into herself and her processes. As the youngest participant, Paisley acknowledged that she is still in the process of understanding herself and her spirituality, but that she has been intentionally exploring these things to her benefit.

In the previous chapters I discussed the results and themes that were presented from the interviews. The overarching themes was the experience of ‘feeling like an alien’, whether be from the self or social worlds, and how validation and acceptance from others and self is imperative, along with discovering more about their ‘alien nature’.

Chapter Five: Discussion

The Importance of Sharing Stories

The purpose of this study was to use a narrative methodology and methods to explore the experiences of women, aged 18 to 46, diagnosed with ADHD living in Alberta, Canada, and the impact on identity and understanding self within a holistic perspective. As discussed, narrative methods were an excellent approach for this inquiry, as they focus on how the stories individuals tell assist them to understand themselves and their worlds better (Fraser, 2004). This section will discuss the results in the context of the broader literature and research. The overarching theme of ‘feeling like an alien’ will be discussed as it was a common narrative thread that could be found

in all the stories. In the first section I will discuss coherence in the narratives or how the stories were told. In the second section I will discuss what the stories told - or the themes that were derived and how they compare to the literature: 1) 'alienation', 2) the influence of relationships, 3) meaning-making and a holistic sense of self 4) identity, living with ADHD, and self-acceptance, and 5) gendered experiences of ADHD.

How the Stories were Told: Coherence and Memory in the Narratives

All the women were kind enough to share their experiences with a person who was essentially a stranger, and perhaps more detail might have been elicited if there had been more time to develop relationships and build trust. Overall, though much of the meaning and content of the narratives was similar: how the participants shared their stories was different.

Within narrative identity theory, there are many functions that can be explored through individual narratives, including autobiographical memories (see Figure 1, Chapter 2). It is evident that memory can be impacted by ADHD, as discussed in the literature review. Klein et al. (2011) examined memory by comparing adolescents with ADHD and those without. They found individuals with ADHD had less ability to organize or structure their self-narratives. It is uncertain how generalizable these difficulties would be regarding the impact of ADHD on the ability to organize stories. I had some concern that organization and containment would be challenging while doing the interviews, however Stephanie was the only participant who was not able to do the full interview for time reasons, and to be fair, she had a lot of life experiences to talk about.

In this study, some participants were able to recall in depth, detailed and lengthy memories, while some were not. Importantly, the absolute truth of memory is not as important as the meaning and relevance, although how these factors - memory and meaning - relate to each

other within identity development and ADHD has not been studied. Within narratives, autobiographical reasoning is the process of creating meaning from memory, which is “critical for processes of self-integration and identity development” (McLean et al., 2020, p. 937). It did not appear in my study that having an absolute and clear memory of specific events was essential to derive meaning. An example is seen in Vicki’s story, where she generally did not have specific memories, but she richly reflected on the important meanings that she derived, such as in her high point, she couldn’t pinpoint an exact time, but she knew she “*broke free of a lot of things that were predetermined for me in life... I had started to find out who I am*”.

Habermas and Bluck (2000) described coherence as how the individual orders events and themselves within the narratives, and they identified four types of ‘global’ coherence: temporal, causal, thematic, and biographical. While my study lacks the quantitative rigor to measure coherence in the stories, observations could be made regarding the narratives and how they were told. Similar to other narrative constructs, coherence and ADHD are not well studied. In many studies on narrative identity, coherence is reviewed as it correlates with well-being, though it has been used in other contexts as well regarding mental health (McLean et al., 2020). Hallford et al. (2021) completed research on global coherence in non-binary, male, and female adults with depression and found that, when considering causal, temporal, and thematic coherence, only causal coherence predicted depressive symptoms. Though the intent of Hallford et al.’s study and mine were quite different, it was also difficult to see predictive patterns in the narratives of the participants, though perhaps a quantitative approach would find more specifics.

As noted above, temporal coherence, or specific dates and places, did not necessarily appear important for the nuclear points to be very meaningful nor glaringly related to well-being for the participants. Returning to Vicki’s stories, she was unable to pinpoint an exact time or

place for her nuclear episodes, but she was very much able to express how important these times were for her understanding of self and the world. While she couldn't put dates on her experiences, she appeared to have a strong sense of thematic and causal coherence in her life, and generally seemed to have a good understanding of herself and positive well-being. Stephanie also conveyed that she was very in tune with herself and generally appeared to have a positive sense of well-being. She appeared to have fairly high thematic and causal coherence, and it also appeared that she had stronger temporal coherence than some other participants in that she could place her stories in a specific time frame.

Oppositely, Barb also appeared to have strong thematic, causal, and temporal coherence; she was able place her stories in a time and place, was able to identify her life themes and how her experienced caused and related to one another and her sense of self. However, she indicated she was in a phase of burnout, self-disconnect, and therefore was not experiencing optimal well-being. Dianne appeared to find it the most difficult to share time frames as well as causal and thematic coherence, though indicated she is currently in the process of exploring these things for the first time in her life, as she had taken initiative during the pandemic to learn more about herself and her mental health, as she was struggling with COVID. While depressive or anxiety symptoms were not explicitly asked about, there does appear to be some variability between these results and Hallford's, though more exploration and data would be needed for anything conclusive. In general, it was difficult to see patterns of coherence as it related to the participants well-being and mental health, especially in regard to casual coherence (as seen in Barb). It could be that having the additional executive functioning difficulties would add an extra layer of challenges in day-to-day functioning and well-being, leading to depressive symptoms despite awareness of cause and effect in the life story.

While the themes of the stories held a lot of similarities, how they were told differed. An example of this contrast was seen in how Barb and Stephanie told stories that contained a lot of detailed information about time, place, and specific details. They both discussed specific behaviours, how they felt physically and emotionally, placed their stories in a time of their lives, and they could determine causation and themes, as discussed. Further, though it was not explicitly asked about, as indicated in the trauma-informed nature of this study, two of the women who had difficulties with specific dates of their nuclear events alluded to experiences of trauma, which research tells us can lead to fragmented memories (Bessel Van Der Kolk, 2000). Memory plays an important role in understanding oneself, and the process of asking about important scenes in the story can allow one to provide information about personal understanding, with some theorists arguing that these are so “intrinsically related” that our autobiographical memories are “a part of the self” (Conway & Pleydell-Pearce, 2000, p. 264).

What the Stories Told: ‘Feeling Like an Alien’

The life story interview elicited nuclear episodes through prompts for high and low points. Identifying vivid and turning points throughout the lifespan allows individuals to process how they have changed or stayed the same and adds understanding of who they are or perceive themselves to be (McAdams, 1996). Within her story, Jane spoke of ‘feeling like an alien’ as she described her experiences throughout her life, and this phrase became the overarching theme described in the stories. This theme sets the background for understanding the women’s experience and narratives of their lives.

As narrative research values the co-creation of knowledge, it would be prudent to reflect on the term ‘alien’ or ‘alienation’ as it relates to the story, so the audience and storyteller start on the same page. The definition of an ‘alien’ in the Merriam-Webster (2022) dictionary is

“belonging or relating to another person, place or thing”, “coming from another world,” “differing in nature or character typically to the point of incompatibility,” or “a person who is not of a particular group or place”. Notably, the phrase 'coming from another world' certainly stands out as it aligns with Jane's statement of 'feeling like an alien'. Further, the Merriam-Webster (2022) online dictionary defined 'alienated' as “feeling withdrawn or separated from others or from society as a whole”. While reviewing the stories, it was apparent that this experience of being 'alienated', or fears of 'alienation', were prominent. Hammack (2014) defined identity formation as a process of understanding similarities and differences of oneself throughout their life within their social and cultural world, as well as allowing them to further understand their goals, strengths, and values; thus feeling 'alien' or “from another world” would have a significant impact on identity development. Of note, this is not to say that every individual with ADHD would relate to, or even agree with these identified themes, however this does not devalue the experiences of the participants, especially Jane as these were her poignant words she used to express and describe herself and her story.

This theme of 'feeling like an alien' showed up throughout the interviews in different contexts and relationships: within families and communities, and certainly in relation to understanding self and identity. Many of the participants described a feeling of non-belonging or being different, until learning more about themselves, their communities along with the social norms inherent within, although for some this occurred at an earlier age than for others. The narratives highlighted their processes of integrating their life stories, including their struggles, into their own understanding of self: when Jane discussed feeling like an “*alien*”, it narrated her recognition that many of the struggles she had seen as flaws in herself, came from the struggle of living in a society with an 'alien nature'.

McAdams (2008) argued that narrative identity allows individuals to familiarize themselves with their wider social worlds and their understandings of self. This was apparent in all the women's stories, as they talked about their journeys of self-understanding and acceptance. Importantly, all the participants discussed having at least one place or person in their formative years that provided them with a sense of acceptance and safety. For example, Dianne, Stephanie, and Paisley had this sense in their homes with family, for Vicki, it was with her grandparents. Jane discussed having a good social experience in school growing up, and Barb discussed finding a close group of friends from an early age. Environments where they felt separated from their community and social worlds included school, for some, and even home for others; but all indicated having experiences where they felt different or as if they had come "from another world" (Mirriam-Webster, 2022). Redshaw and McCormack (2022) reported similar findings in their qualitative study of nine individuals, aged 29 to 54, with ADHD. They used a similar approach to my results, in that they used quotes to describe themes, which their participants discussed as feeling a sense of "otherness" from people around them, and "challenging broken", or standing up against beliefs that they were somehow damaged or not good enough (p. 22). These themes indicate the participants held a sense of being different and negatively judged; akin to feeling 'alienated'. The authors also argued that doing this type of qualitative research and using narrative threads or quotes as descriptors for human experience helps to understand others as human versus through symptomology (Redshaw & McCormack, 2022).

The ADHD Self as a Social Actor

Within virtually every story told, it was apparent that individual meaning was made within a social context and through experiences with others, as most of the nuclear events took place in social interactions or expressed awareness of social expectations. There were several

theories of identity that aligned with the results. McAdams's theory (2013) of self as the actor, agent, and author fit the experiences of the participants well, as it emphasizes the importance of social worlds, self-regulation, self-esteem, and continuity; all important aspects influenced by ADHD and discussed in the participants narratives. He theorized that, at the early age of 2, individuals start to recognize themselves within the context of their social worlds as a 'social actor' by way of a "third person perspective" on how they present to the world (p. 148). They develop ideas about who they are in relation to how others react to them and assign them, often based on looks and "performance traits" (p. 148). The participants shared stories of recognizing this 'alien' self at a young age within the early childhood stories of interpersonal interactions; for example, being labelled by adults as "*retarded*" to "*gifted*" appeared to create this sense of being different from others. McAdams (2013) argued that the most important 'psychosocial problem' to be addressed in early childhood as this 'social actor' was self-regulation, and it is at this stage that individuals get an idea of their personal traits and roles. This becomes important to the next stage, where the individual becomes the 'motivated agent' in late childhood, with the imperative role being self-esteem as derived by the ability to meet goals. This was also present in the stories, where the participants discussed their struggles in attaining the goals that were prescribed to them, be they social or educational, and the negative impact on understanding themselves and their self-esteem.

In adulthood, several stories expressed an awareness of being a 'social actor', such as when Paisley described understanding self as "*being aware of who I am around others*" or in Stephanie's description of "*awareness of who I am... that impacts me and also how it impacts what's around me and who I interact with.*" This aligns with Carole Gilligan's (1982) work on feminist identity theory, where she argued that women, unlike men, develop an understanding of

themselves and their morality through relationships with others. Many of the stories held themes of having difficulties being aware of their behaviours, however there appeared to be a keen awareness of being different, or ‘feeling like an alien’. McAdams (2013) further theorized that as individuals develop into adolescence, they further develop as an autobiographical author, where ‘self-continuity’ becomes important. Throughout the interviews, there was discussion on how this self-continuity was impacted by a diagnosis, for example, when Dianne discussed reflecting on her past and how learning more about her diagnosis shifted her beliefs about herself. The theme of ‘feeling like an alien’ reflects this, where self-continuity is understood through the lens of being different due to brain functioning versus personal deficiencies.

McAdams argued (2019), “stories exist to be told...[and] are nearly always about social life” and, on a societal level, stories exist to inform expectations and social norms which then informs how individuals must act or portray themselves (p. 2). “The need to belong is one of the most basic and powerful motives in the human psyche”; therefore, what are the consequences to the individual when that “need” can’t be met? (Williams et al., 2005, p. 54). For the women of my study, and a study done by Young et al. (2020), when that need isn’t met - when their social worlds tell them they are different or ‘alien’ - women appear to ‘mask’ or engage in compensatory behaviours that hide their symptoms to try and fit in, often to their detriment. They also appear to internalize these unmet needs as faults within themselves. Examples of this were evident in all of the life stories in my study, including when Stephanie recalled her distress at a young age when she said, “*I didn’t know how to be me.*”

As the stories were reviewed and analyzed, it became apparent that applying disability and identity theories would also be a valuable contribution. Within disability and identity theory, Garland-Thompson (2014) similarly noted how being a social actor affects identity when she

added “psychiatric disability” into the narrative. She argued that societal stigma around disability can be experienced as an “accusation of wrongness”, and this sense of ‘wrong’ becomes a formative point in identity integration in the individual with a disability (2014, para. 7). While ADHD is a psychiatric disorder, there is also an argument that it is a disability as, often, accommodations in work and school are helpful or even necessary. In the United States of America, ADHD is listed under the Americans with Disabilities Act (Koen et al., 2017). One of the participants in my study disagreed with the term disability, especially regarding her daughter whom she described as “*so incredibly able*”. This aligns with Garland-Thompson's concept: when our social words ascribe this ‘accusation of wrongness’ to individuals and, especially at a young age, these words can hold significant weight for how they understand themselves, therefore leading to ‘feeling like an alien’.

Alienation and the Influence of Relationships

The influence of relationships was very apparent in the stories from a young age; for example, when discussing turning points, participants explicitly included experiences of validation from others in their social worlds; emphasizing the importance of nurturing and safe relationships as children, whether it be with family, friends, or with other influential adults. It did appear that parental relationships during childhood were protective and influential. Paisley, Barb, Dianne, Stephanie, and Jane all discussed having supportive relationships as children: specifically maternal connections for the latter three, and Vicki discussed very influential moments on family vacations that were important to her. This is not the experience shown in the literature, as it has been found that young girls with ADHD are at a higher risk of having adverse relationships with their parents (Babinski et al., 2011; Hinshaw et al., 2022; Young et al., 2020). While attachment was not specifically asked about, it appeared that the participants benefited

from their supportive relationships, as would align with attachment theory. For example, Dianne described her parent relationships as “*like a security blanket*” as she struggled with relationships with her teachers and peers. Within attachment literature, this is an apt description of the importance of parental relationships, and how safety and security are fundamental to secure attachment in adulthood (Bowlby, 1973).

Al-Yagon (2018) found that children and adolescents with ADHD are at a higher risk of attachment difficulties - and some experiences shared could have added to that risk - but, overall, this did not appear to be the case for these women. Five of the women reported they were in healthy long-term relationships. As it is thought that healthy attachment in childhood generally leads to healthy adult relationships, it fits then that Jane, Stephanie, and Paisley all discussed being in long-term and supportive relationships, and they all discussed having generally positive relationships with their parental figures. Barb and Vicki both discussed being in long-term relationships for most of their adult life, and though both had some strife in their parental relationships they also mentioned positive moments in their families growing up, and they discussed having found great stability and love in their partnerships at a young age. A systematic review on attachment and ADHD conducted by Wylock et al. (2021) does question the research that correlates attachment difficulties and ADHD (notably, their list includes some of the research utilized in the literature review). They argued that much of the literature has simplified complicated phenomena and does not consider the multifactorial nature of ADHD and comorbidity. It could be argued that the women in this study had stronger internal working models and sense of self through the positive relationships and bonds they had with parental figures as children. This validates the importance of strong and safe early connections for young

girls with ADHD, and the value of healthy social programming that can support parents, who themselves may be struggling with the symptoms of ADHD while parenting their children.

The impact and pressures of socialization and ADHD, or the challenges of “coming from another world...differing in nature or character typically to the point of incompatibility” as Merriam-Webster (2022) defined ‘alien’ has also been described in the literature. In line with narrative identity research, literature that focuses on exclusion argues that, as children, individuals develop a need and awareness of social acceptance through socialization for survival (Williams et al., 2005). William et al. (2005) argued that not developing an awareness of social exclusion would be similar to not developing an awareness of “the pain of fire” regarding the ability for survival (p. 20). The embodied awareness of physical pain when experiencing this rejection was shown in the interviews when Barb discussed feeling rejected by her teacher, stating that this experience “crushed me...I think it broke my heart”. At a young age this was a profound emotional experience.

Early relationships become vital to children with ADHD, as these perceived experiences of exclusion hold great meaning that remain with individuals as they develop into adulthood. As Ringer (2020) discussed, for children with ADHD, “family, teachers and peers, even though they might be a source of help and support, are also a source of demands – the very demands that might lead to the manifestation of the disability” (p. 221). However, the research validates that all is not lost for girls and women with ADHD as is verified in the stories told in this study. Babinski et al. (2020) found that behavioural therapy interventions can be effective to see improvements in social functioning, though it appears that earlier interventions are more effective. This fits with the previous finding, that early supportive and loving parental relationships are imperative for young girls with ADHD.

Alienation, Rejection, and ADHD in Relationships

The term rejection-sensitive dysphoria (RSD) has been used to describe a common experience for those with ADHD, though it is not a diagnostic criterion. Online forums often discuss this term, for example the popular website ‘Reddit’, which allows individuals to form communities as ‘subreddits’. The ‘subreddit’ ‘r/ADHD’ had 1.6 million subscribers in Dec 2022 with numerous posts asking questions about RSD, though to their credit the moderators have posted that RSD is not recognized by medical authorities (Reddit, 2022). RSD has not been formally included in current peer-reviewed research, ADHD or otherwise, but it is often discussed in social media and pop psychology, which reflects the recent and growing interest in ADHD (Yeung, 2022). Theoretically, along with the experiences shared in the interviews, it would make sense that an individual who has more challenges with emotional regulation and more frequent experiences of negative social interactions would develop unhealthy beliefs about themselves, making them more susceptible to experiences - or even just feelings - of rejection; but this hasn’t been incorporated into the DSM. The wording ‘dysphoria’ appears to be a newer addition to the label, but rejection sensitivity has been discussed in the literature for some time, again with very limited research specific to ADHD.

Downey and Feldman (1996) were some of the initial researchers to discuss rejection sensitivity as having a poor ability to identify and cope with perceived or real experiences of rejection. Canu and Carlson (2007) hypothesized that men between the ages of 18-24 with ADHD would have more rejection sensitivity than men without ADHD, and they were surprised when this hypothesis turned out to be wrong. They suggested perhaps ADHD symptoms made it difficult for the men to discern accurately when they were being rejected, but this study did not follow the previous literature that indicated otherwise. Further, Scharf et al. (2014) reviewed

attachment, rejection sensitivity, and ADHD in adolescents, and concluded that paying attention to attachment patterns is important when working with this population, and there is likely an impact on rejection sensitivity. They administered questionnaires to 508 junior high students and found that those with preoccupied attachment suffered the most impairment from ADHD symptoms, and ADHD symptoms were linked to higher rejection sensitivity (2014). They made an interesting point, suggesting that girls were at less risk of rejection sensitivity, and noted that their teachers reported better social adjustment for girls with ADHD than for boys. They stated that this is contradictory to other studies on girls and rejection sensitivity and postulated that teachers may prefer the behaviours of young girls, as young girls were generally socialized to be less disruptive (2014). The participants certainly indicated they had a sensitivity to rejection, though it is uncertain if this was to the point of rejection sensitivity and, further, there were narratives of learning self-acceptance over perceived rejection; for example, when Dianne considered that she will likely always be awkward, but queried '*it's a matter of do I care?*' As rejection sensitivity is thought to develop from early experiences of rejection, it could hold that this would be more prevalent in ADHD populations, and that the experience of finding a community that accepts and understands the challenges associated with ADHD would be important (Williams et al., 2005). This was certainly indicated by the participants: that having a supportive and accepting community where they did not experience rejection was paramount for their well-being.

Alienation and Bullying

Quantitative research on girls with ADHD has tended to be problem-focused; however, the problems identified in school, work and family relationships were relatable to many of the stories. Studies have indicated that young females are more vulnerable to experiences of

bullying, more likely to struggle with academics and exclusion in school environments, and therefore also more likely to struggle with self-esteem, and to experience learning difficulties and emotional dysregulation (Babinski et al., 2011; Hinshaw et al., 2022; Young et al., 2020).

Bullying was a significant experience for all the participants, apart from Paisley. Vicki did not discuss specific experiences of bullying, although she did discuss that, in her later teen years, she had conflicts with her parents about choices of lifestyle and ways of knowing, as well as difficult romantic relationships.

This experience of bullying- of ‘not belonging’ (or ‘alienation’) - is documented in the literature on children and adolescents with ADHD, although how it differs in boys and girls is not as well studied (Ringer, 2020; Young et al., 2020). Ringer (2020) did a meta-analysis of qualitative research on children and adolescents with ADHD and found that they tended to see their functioning as “exist[ing] outside of themselves”, meaning they might experience a sense of disconnect from themselves at a young age (2020, p. 221). They queried that this disconnect may lead to a sense of ambivalence towards their social worlds and towards their own necessities as they were continually caught between expectations and feeling they had limited control. They reviewed 16 articles, and every study had more boy than girl participants, the exception being one study that had an equal number of both genders in their participants. Several of the participants in my study shared this sentiment of lack of control or disconnection with themselves as children but did not necessarily indicate a sense of ambivalence towards others. Several shared that they learned to keep a distance from others due to negative experiences at a young age, which could be akin to ambivalence. Both studies held themes of children desiring social acceptance but struggling to behave in ways that were socially acceptable. It would be interesting to see if the results would be different if there had been a higher percentage of female

participants in Ringer's study. As has been discussed, as females tend to be affected more by outside perceptions than males, perhaps ambivalence would not have been as prevalent.

Cuba Bustinza et al. (2022) conducted a study on bullying in childhood ADHD finding that ADHD children had a higher vulnerability of being a victim of bullying, which was exacerbated by other factors such as difficulties engaging in academics, and difficulties with executive functioning. Stephanie and Barb imparted their "*lack of awareness*", that they "*couldn't understand*" the children around them, and being "*extremely shy*", which would be factors that could have led to being the unfortunate victims of bullying. Cuba Bustinza et al. (2022) also found that some children with ADHD were more likely to perpetuate bullying. Some of the factors that seemed to increase this perpetuation were being male and coming from families that were struggling financially. None of the women in this study identified themselves specifically as perpetrators of bullying. Some did report doing well in academics, which was generally not identified in quantitative studies. Jane and Paisley discussed enjoying the social aspect of school but noted they struggled with academics. As a child, Vicki discussed making close lifelong friends who were likely protective at the time, as she struggled with social cues (notably she stated many of these friends have now been diagnosed with ADHD), but otherwise didn't discuss many details about her early years. She did discuss a strain in her relationship with her parents and moved out of her home at 16. Considering these differences in the stories, it does make the point not to stereotype individuals with ADHD. Additionally, between the unique experiences in the stories and the research, it also adds to the importance of qualitative work to balance the quantitative findings, and to further recognize nuance in understanding individual experience.

The women's narratives all held themes of shifts in meaning after learning more about ADHD, and how it impacted them in their functioning and socialization. Williams et al. (2005) discussed how and what influences people's experiences of 'alienation' and ostracization and stated that individuals' expectations have a significant impact on how they create meaning in interactions with others. Within the participant narratives of my study, as they understood more about ADHD and how it impacted them, it appeared they became more confident in challenging the validity of the times they were excluded or 'alienated' by others. For example, when Dianne discussed that she isn't "*lazy*", it represented a change in her narrative about herself as opposed to how her teacher and society had labelled her. Instead of embodying a quality of 'wrongness' or being inherently 'bad', 'immoral', or assigning some other identity, she realized her brain functioned differently (Garland-Thompson, 2014). Further, in the narratives of Vicki, Stephanie, Barb, and Dianne there was a sense of being different, be it from peers or from parents. For Paisley and Jane, this 'wrongness' appeared in the context of academics as opposed to social relationships; nonetheless, as their stories continued, it was apparent that they held this label of something being 'wrong' with them. Paisley discussed how, in school, she realized she had to work harder than others to get the results she wanted; and Jane discussed in adulthood how she adapted her coursework and career to how she functioned. Jane shared the experience of bullying as her negative childhood memory despite also saying she generally enjoyed the social aspects of school and was generally "*a happy kid*". We need to recognize the nuances and ranges of women's ADHD experiences as they are not just black and white.

Meaning-Making and a Holistic Sense of Self

Understanding self takes place not only in the mind, as we create meaning through our interpretation of experiences, but also through our spirituality and embodiment, or navigating the

world in our bodies. Meaning-making is an important construct in narrative and spirituality theories and has been quantified in differing but similar ways in the literature. Narrative identity theory differentiates between ‘personal narratives’ and ‘master narratives’ and further acknowledges that individuals develop their identities within the cultures they live in (Adler, 2017; McLean et al., 2017; McLean & Syed, 2016). Personal narratives refer to the individual stories that help us understand ourselves and the world, while master narratives are stories shared within a culture that dictate what behaviours, values, and morals are acceptable in oneself and society. Studies done on master narratives as they relate to gender focus on how individuals understand themselves in relation to their gender within their cultural and social worlds (McLean et al., 2017). Participants in this study discussed their own gendered experiences and how they were integrating their experiences after being diagnosed with ADHD, as seen in stories of the pressures of mothering or career aspirations which are discussed in more depth below. Further, after a diagnosis of ADHD, participants all had stories that indicated they were reflecting on their history and integrating their new narrative of having ADHD – and understanding what ADHD meant to them and their identity as compared to what they had been told by society.

Park (2010) reviewed the available literature on meaning-making and created a model for how individuals process their experiences into their foundational meaning systems, using the term ‘global meaning’. She argued for using a variety of perspectives and incorporated narrative research into her model. She also discussed how individuals integrate their autobiographical memory into ‘global meaning’ or “general orienting systems” after stressful life events (p. 258). Comparing her theory to narrative theories, the integration of stressful situations into ‘global meaning’ appears to be similar to integrating ‘master narratives’ into ‘personal narratives’ as both include themes of personal beliefs, values, goals, and meaning; although narrative theory

focuses more on how these constructs align with the predominant culture. Adapting this model to the participants, it appeared they were in different stages of processing ADHD into their global meaning. However, Park's model appeared to describe the process the participants went through as they reflected on their experiences. The participants' beliefs about ADHD and their goals in life impacted their appraised event meaning. For example, Vicki discussed her thoughts on the words 'diagnoses' and 'disability' as discrepancies, holding very negative meanings in the context of *"being expected to fit into somebody else's mold and I think that gives it a negative spin and I don't think this is a negative spin"*. She understood ADHD as a *"different brain type"* which holds many strengths and resiliencies, along with its challenges, and that this "makes sense" to her and aligned with her beliefs.

Park (2010) also identified different categories of 'meanings-made' which appeared similar to McAdams and McLean's (2013) affective themes within narrative identity, as further discussed below. Park's themes included having things 'make sense', 'identity reconstruction' and finding acceptance. All of these themes were seen in the narratives, with examples being the women integrating ADHD into their identity, and how the diagnosis 'made sense', as well as their processes of finding inter and intrapersonal acceptance. Park also identified meaning making as shifts in 'global beliefs and goals' which was seen in several narratives where the participants shifted their meaning of success or developed a sense of values after positive childhood experiences with family. This sense of meanings-made and furthering one's understanding of the self appears to align with Sheridan's (2004) definition of spirituality which is "the search for meaning, purpose, and connection with self, others, the universe, and ultimate reality" (p. 10). Park (2010) wrote, "spirituality often infuses all aspects of global meaning" (p. 10).

The interview questions asked the participants to reflect on their spirituality, not just as religion but to explore spirituality as defined by Sheridan, even if participants did not directly relate to this definition. If meaning was not necessarily considered in questions on spirituality, participants were encouraged to reflect on it through prompts asking them to consider meaning made within their nuclear points, which often elicited reflection on their values and purposes, and how they see themselves within their stories. As there were several stories of the difficulties in connecting with themselves and their wider worlds, it is interesting how some of the participants presented with their own unique spirituality, and how authenticity was important to them in spiritual beliefs. There is still question on how ADHD might impact the development of spirituality, if most also find their unique ways of finding meaning and connection, such as how some of the participants seemed to connect well with stories and reading, or with nature.

Within a holistic sense of self, spirituality was often associated with a religious context. Familiar themes were noted around difficulties adhering to a strict religion due to ADHD symptoms, as has been shared in the literature (Dew, et al., 2022; Fuller-Thomson et al., 2016). The difficulties of navigating organized religion with ADHD symptoms was discussed, not just in self-regulation, but also in not wanting to adhere to highly regulated ways of thought. Dianne noted the importance of her faith and didn't think there was much difference in her experience or the experiences of people without ADHD in terms of her religion. Paisley also had a positive connection with her Jewish faith and stated that it is an important part of her life. Vicki, Barb, Stephanie and Jane all discussed being a part of an organized religious community at some point, but they ended up leaving as they found their own belief systems. It appears that the rigidity did not align or feel authentic to their experiences.

Themes of nature and connection to others appeared to be an important part of spirituality as well. Several participants also discussed engaging in mindfulness practices, which are meant to bring awareness to the moment, and they found them helpful, though challenging. There is positive research on the efficacy of mindfulness practices with ADHD, as it helps to build self-regulation and further awareness, including bodily awareness, which are often lacking in those with ADHD (Zylowska, 2008). Paisley discussed struggling with mindfulness, but does body scan and movement practices, and had stated that she was very connected with herself while Dianne also discussed practicing mindfulness, but did not feel very connected with herself, and their differing experiences with these practices and their impact would be interesting to explore further. Though she didn't describe it explicitly as a mindfulness practice, Vicki discussed her spirituality as 'beginners mind' as to her being open to learning was important to her. Fuller-Thomson briefly addressed spirituality in their 2016 population-based study, and they found that women with ADHD were less likely to "turn to religion to help them cope" than those without, and it would be interesting to have ask asked about how spirituality helped to cope, as it was apparent the discussed practices of the participants were helpful (p. 921).

Just as spirituality is inherent in a holistic perspective of self, embodiment is also an important element of navigating the holistic experience of life. Some participants indicated they felt very disconnected with their bodies most of the time; although, conversely, some of the participants felt very connected to themselves. As discussed, Kutschedit et al. (2019) found their participants experienced disconnect within their awareness of body and emotionality, and this was true for some of the participants of this study, however not for others. Stephanie particularly presented an interesting example, as when she was engaged in dance and other physical activities she did very well, and also described being very in tune with her body. Conversely, she also

indicated that when not engaged in these practices she was quite clumsy. Additionally, the two participants who were involved in vocations that required education and attunement to bodily processes appeared the most connected to their physical selves, so it could be that these would be important interventions for individuals with ADHD. Mindfulness practices as well were discussed as quite difficult, but helpful for building that bodily and emotional attunement as well, and this aligns with the research (Zylowska, 2008).

Garland Thomson (2014) suggested that individuals with a disability not only have to navigate their cognitive worlds, but their bodily worlds. Given that individuals with ADHD have difficulties in self-regulation (e.g., body management) the notable difficulties in socializing make sense as the individual attempts to navigate these two territories of body and mind in their social worlds. McAdams (2019) contended that an individual's greatest challenge in development is to achieve the capacity to self-regulate which helps to gain approval and validation from others in social contexts. Conversely, there is research indicating that social exclusion has a negative impact on one's ability to self-regulate and, further, there is an argument that "the self develops its executive functions for the sake of... social acceptance" (Williams et al., 2005, p 56). It holds then, that challenges with self-regulation such as are associated with ADHD, would lead to difficulties within social worlds and with a sense of connectedness to others, as was seen in many of the stories. This was seen in childhood where several participants described having difficulties understanding how other children could act in certain ways as prescribed by the expectations set for their behavior, and therefore developed the belief at a young age that they were different or 'alien'. This would also add to the feeling of disconnect from the body if they struggled to regulate themselves and their behaviors, for example Dianne's story where she "*learned to hide it a lot*", which led to 'masking' and further added to disconnect from self, as

seen in Vicki's story. There were discussions about trying to adhere to social norms, such as being on time. Participants struggled with this and experienced 'time blindness', therefore creating conflict in their social worlds through their behaviours.

In their research on self, identity, and social anxiety disorder, Gilboa-Schechtman et al. (2018) argued that when individuals place emphasis on 'performing' for others as opposed to acting for themselves, they can experience a sense of self-alienation. As expressed in the interviews, the participants all had at least one story of struggling socially or wanting acceptance/fearing judgement from others due to their behaviors, which could lead to experiences of 'alienation from the self', and lack of connection to oneself. On a more empowering note, realization of these factors also seemed to lead advocating for self, as seen in Dianne's story when her boss required her to stare at the screen during zoom meetings for work, she asked to "*just let my eyes wander*", as she struggled to pay attention in the way he wanted her to. Jane's comment of "*if I was back on the alien planet of ADHD, how would I look at myself differently?... I'm trying to blend into human culture*" was paramount. It acknowledged the participants tried to fit the mold of socially acceptable behaviours, which impacted their understanding of self, and how their experience and self-perception might change if they could live in a world of their own expectations. This paints another picture of 'feeling like an alien' not only in mind, but in body.

Identity, Living with ADHD, and Self-Acceptance

As meaning is created and continually reorganized throughout the life story, in search of continuity, it would make sense that a diagnosis would create a shift in understanding self as one reflects on their life experiences. Jane, Barb, Stephanie and Vicki all discussed processing their diagnosis, as they had all been diagnosed within the past 5 years (the youngest of them was 35).

Dianne discussed gaining a further understanding of her ADHD within the past year. Using narrative identity theory, in adulthood, an experience such as a diagnosis could interrupt the coherence and meaning of the life story that had been held (McAdams & Pals, 2006). Applying disability and identity theories, Garland-Thompson (2014) discussed how disability can become a “master status”, therefore blanketing over other areas of understanding self, which would have an impact on the individual's day-to-day and social interactions (p. 805). This was discussed as controversial, in favour of more intersectional theories. However, for some of the participants, ADHD was described as a sort of ‘master status’, as seen in the examples offered by Paisley and Stephanie where ADHD was inextricable from themselves. This could also be likened to ‘feeling like an alien.’

Finding an ADHD diagnosis as being “*a blessing and a curse*” was stated by Paisley and this is also the title of Young et al.’s (2019) qualitative study on diagnosis in adulthood. All the women reflected on how their experiences held inherent challenges, as their ways of thinking and being in the world didn’t always align with expectations and social structures. Barb’s statement also appears to be congruent with Young et al., where she shared “*I feel like I could have accomplished so much more if I had been diagnosed earlier...I don't resent the life that I've lived... But I do sometimes wish I had known earlier.*” Jane expressed a similar sentiment, wondering what life would be like if she had known earlier. With a later diagnosis came experiences akin to grief, mourning the loss of a life that could have been. This was also shared by participants in Young et al.’s study where one of the participants was quoted as saying, “I did go through that sort of grief. People say “it's like a grief, don't they - of not being the person I thought I was. (Jen)” (p. 185).

Walker and Rogers (2017) discussed the social function of diagnosis in their research on the impact of the diagnosis of asymptomatic disease on narrative identity. They quoted Jutel who conveyed that it allows the individual to gain “access to the ‘sick role’, legitimating suffering” (Jutel, 2011, p. 793). Walker and Rogers argued that over-diagnosis of asymptomatic disease is psychologically harmful, and they highlighted that the changing DSM criteria have increased rates of ADHD diagnosis, though arguably it is not asymptomatic. Nevertheless, they discussed the impacts of diagnosis, acknowledging that there are variances with types of diagnosis.

[Diagnosis]...can change the ways in which a person interprets themselves or their experience... having been diagnosed with a disease may cause someone to undertake the selection and interpretation that goes into their narrative self-interpretation in different ways—and this would reflect an alteration in the subjective character of their experience, affecting individuals to varying degrees...a medical label, will play into people’s self-conceptions, which are articulated in their self-narratives, in a range of complex ways. (p. 316)

They discussed how people will try to make the diagnosis “coherent or consistent” with their understanding of themselves, but also with their understanding of the disease (p. 316). They further offered a cautionary tale, that if an individual has ‘inaccurate beliefs’ about their disease and their own capacity, they may still integrate their understanding by “finding ways to make it cohere with their bodily experience and/or past” (p. 318). This becomes important, as rates of individuals being diagnosed with ADHD have increased, as discussed in previous chapters. As many of the women in my study were recently diagnosed, they were in the process of learning about ADHD, therefore developing beliefs about its impacts. Having a positive belief about ADHD, and how it added to creativity, empathy, and other strengths appeared to have a positive

impact on the women, though it didn't take away from their struggles and difficulties in self-regulation. This was also seen in Redshaw and McCormack's (2022) study where participants were seen to find their own self-acceptance through processing their experiences and the differences they face and, from this, finding the strengths and qualities they appreciate in themselves.

Jones and Hesse (2018) completed research on ADHD, identity, and adolescence. The themes they identified were, first, "becoming or remaining different", akin to definition of being an 'alien' (Mirriam-Webster, 2022). Their results were similar to mine as they identified challenges with socialization, with understanding appropriate behaviours, and with communication skills. Also similar was that these challenges were felt prior to being diagnosed. A difference in their study, as compared to this project, was that some of the participants associated the diagnosis with increased "feeling of not being normal" therefore there was an attempt to ignore the diagnosis (2018, p. 95). Paisley was diagnosed in grade three, and Dianne at age 13, though both appeared to accept the diagnosis as a way of understanding their behaviours. This was also seen in Jones and Hesse's study, where the diagnosis was met as a way of understanding, and even brought feelings of relief.

Jones and Hesse (2018) also emphasized the importance of cultural understanding of ADHD in identity development for adolescents. The consideration of the generation gap is pertinent as, in my research, there was a difference between the older participants' experiences and the youngest. Dianne was diagnosed young, however there was not much understanding of how ADHD could impact social functioning. Additionally, she had experiences of being labelled "retarded" by teachers, certainly impacting identity development at an important time. Paisley appeared to live in a culture where ADHD is much more accepted, though she still shared

experiences of others' stigma, specifically in her academics. Indeed, most of the women had just been diagnosed in the past few years, perhaps reflecting a shift in our culture's awareness and perspective on ADHD. The older women also had years of identity development and understanding who they were outside of ADHD. In comparison, Paisley discussed how she is still trying to figure out who she is outside of ADHD, which is similar to Ringer's (2020) findings of an "ADHD defined self" (p. 218). Ringer explained this as individuals defining "themselves in terms of how they have been perceived by others rather than how they have perceived themselves" (p. 221).

The intent is not to argue that a certain perspective is wrong or right, but to explore what diagnosis meant to the participants. Diagnosis was generally seen in a positive light by the participants, though it came with mixed emotions. This echoed a meta-synthesis done by Long and Coats (2022) where, even prior to diagnosis, the women had feelings that "there was something wrong with me", that they tried to uphold expectations and had consistent feelings of failure and difficulties with "normal" functioning" (p. 6). Additionally, the study identified an identity crisis initially after diagnosis, with participants asking themselves "am I the same person?" and "what part of me is ADHD?" (2022, p. 6). Jane discussed her mixed feelings of anger, grief, relief, and more as she had just recently received a diagnosis. She is now reflecting on how her experiences have been influenced throughout her life, making connections on why she has struggled and succeeded in certain ways. She identified several of the processes described by Young et al. (2008) in their study on how individuals react to a diagnosis of ADHD, whose participants appeared to experience more self-understanding and less self-blame after receiving a diagnosis. This was consistent with what was shared in participants' narratives

within my research, although it did not appear to be a linear process as described by Young et al. (2008).

Vicki spoke passionately about ADHD being neither a strength nor a weakness, which challenges the dichotomy that often exists, indicating that ADHD must be seen as one or the other. She held strong perspectives about labels such as disability, and that ADHD is simply another ‘type of brain’. Stephanie discussed how she is not just diagnosed with ADHD, but it is an integral part of who she is. This is similar to themes found by Krueger and Kendall (2001) who found their adolescent participants “did not separate their definition of self from the disorder. They were their ADHD and their ADHD was them” (p.65). This was originally taken as a negative thing, a “distorted” understanding of themselves self (p. 65); however, Redshaw and McCormack (2022) argued almost 20 years later against these findings and suggested this was a way of expressing the value individuals had over “aspects of their personality that they specifically associate with ADHD” (p. 21). This has similarities to Stephanie, who discussed how, unlike depression, ADHD was a part of who she is, and she valued these parts of herself. This was a way of taking her power back, of owning her uniqueness and differences, and that integrating ADHD into her identity, and it was not something to feel shame about.

As society learns more about ADHD, it appears that there are differing experiences for the younger generations. A recent study by Climie and Henley (2018) with 29 children and their parents in Canada, asked about their knowledge of ADHD. They found that the children generally had no problems with accessing help and further, felt that their teachers and parents wanted to help, which is a far cry from some of the stories of participants in my study. Paisley expressed frustration with certain aspects of herself but generally appeared to be able to challenge negative beliefs about herself, while some of the older participants appeared to have

more difficulties. Dianne was also diagnosed at a young age but had a limited understanding of how it impacted her, and she had only recently begun to develop a better understanding of its impact, such as recognizing her difficulties with socialization. She also had some very distressing interactions with teachers, meaning it would not have been safe for her to ask for help. Redshaw and McCormack (2022) believe that this shift in belief systems is encouraged by “an ability to connect with their authentic selves and accept the pros and cons of “being ADHD” (p. 25). These two different experiences highlight the shift in societal perspectives on ADHD, and therefore the shift in how individuals may see and understand themselves. In a meta-synthesis of qualitative research, Long and Coats (2022) argued that getting an early diagnosis is paramount to mitigating suffering, which would likely be agreed upon by the participants of my study.

Identity, ADHD, and Medication

Interestingly, turning points included themes of identity and medication for Barb, Dianne, and Paisley. This also involved the feedback of others regarding behaviours on and off medication. In his meta-synthesis of qualitative literature on children’s experiences with medication, Ringer (2020) found that an “ambivalence between the needs of self-adaptation and of being accepted as ‘who you are’ is particularly exemplified in the ambivalence of experiences involving medication” (p. 218). There is a balance between wanting to adhere to societal expectations with medication, versus finding self-acceptance. In her adult years, Barb discussed this quandary, where she now reflected, “*I miss that creative, impulsive person that I used to be*”. Dianne also reflected on her use of medication, and her reflection about “*which is the real me?*” is echoed almost verbatim by Redshaw and McCormack’s (2022) participants in a qualitative study on subjective experiences regarding medication usage.

Young et al.'s (2008) research using interpretive phenomenology to examine the impact of diagnosis and medications in adulthood held similar themes to my research. In both studies, participants shared similar narratives, at times almost to the word. Paisley expressed her frustrations with having to put in more effort than her peers. This was echoed in a quote in Young et al.'s study by a participant named Louis who stated, "it is unfair, but at least I know, and I don't feel like a fool when I'm putting in the same amount [of effort] and not getting the same results" (2019, p. 189). The participants in both studies reflected on their struggles with having to "work harder" after diagnosis and reintegrated the struggle as part of their diagnosis and less of a personal flaw. This also aligns with Bjerrum et al. (2017) who argued that gaining insight into one's processes can have a positive impact on how people manage and navigate their worlds. For the women, gaining understanding appeared to have a positive impact on these aspects of self.

Paisley noted that she finds medication helpful, has learned coping mechanisms, and is doing quite well in her first year of university but, nonetheless, still must put the extra work in. It would have been interesting to ask questions regarding a perceived need to strive for perfectionism, not just of Paisley but of the other participants, to see if the lifelong emphasis on achievement, while struggling with executive functioning led to more anxiety and overanalyzing, and unrealistic personal standards. This pattern of having to be more invested and re-check work over and over to ensure there are no mistakes is not an unheard-of step towards perfectionistic tendencies. The tendency of individuals with ADHD to hyper-fixate on topics can also be a part of the experience and add to over-engagement with things; a complex relationship that would also include the expectations generally placed on women, and a topic that could have been explored further in the interviews. Strohmeier et al. (2016) validated this, as they reviewed

cognitive distortions and ADHD in the literature and found that perfectionism was the most endorsed. They stated this could be problematic if it contributes to procrastination. They felt it likely stems from the individual's history of difficulties with tasks due to executive dysfunction and wanting things to be “just right” to compensate and validate their avoidance (2016, p. 157). This appears relatable to the experiences of participants in this study as they encountered difficulties with engaging and completing tasks throughout their lifespan; although, arguably procrastination is also a part of executive dysfunction as opposed to being a justification for avoiding tasks.

Relatedly, within research on negative cognitions, Safron et al.'s (2017) cognitive-behavioural model of ADHD indicated how individuals with ADHD not only struggle with impairments in executive functioning but, due to a history of perceived failures, develop negative self-cognitions and low self-esteem, which adds to their difficulties in functioning. They discuss these patterns as cyclical, when both behavioural impairments and negative cognitions (such as perfectionism) continue to result in low use of helpful skills and not attaining goals, therefore, the individual may continue to experience perceived failures. This ongoing cycle impacts socializing, ‘fitting in’, academics, and general social expectations. It could be argued that, due to this cycle, the need for acceptance becomes even more important. Medication use can be helpful for some of the aspects in parts of this model to aid in one's ability to function. However, the individual still needs to learn to change behaviours to engage in tasks and use skills, and to address the negative cognitions that have likely been built up through their lives. This was discussed in several of the stories. Dianne shared how important her medication is, and that she is still learning about how to manage her ADHD and how it impacts her. She further

acknowledged some symptoms will likely remain with her; therefore, she has to choose how she thinks about it, as her reflection indicated, “*it’s a matter of, do I care?*”

Gendered Experiences of ADHD

The experience of ‘feeling like an alien’ was also observed to be a part of the gendered lives of the women in this study. The literature validated the impact of social expectations and stereotypes regarding gender, where women experience gendered expectations along with socially ascribed limitations which, when internalized, can impact how they experience ADHD (Williamson & Johnston, 2015). Williamson and Johnston (2015) suggested that women may be doubly impacted by this “stereotype threat” due to having ADHD and being female (p. 23). This was seen in different contexts in the narratives, both in childhood and adulthood. To start, of the four participants who had brothers, all four stated that their brothers likely have ADHD, with three brothers being diagnosed and treated in childhood. Yet none of the women were diagnosed until adulthood. This was seen in Vicki’s story when her brother received treatment and she was perceived as “*just fucked up*”. This impacted her understanding of herself at a young age, which was critical. The literature has identified a gender bias in referrals for diagnosis and treatment for ADHD in children, and this has discouraged the recognition of the quieter, more socially acceptable signs that females display (Williamson & Johnson, 2015; Young et al., 2020).

In terms of how ADHD impacted her, Barb also talked about how she was more distracted growing up, while her brother was hyperactive and received treatment. She talked about how she was quiet, didn’t want to “*cause a scene*” and got good grades; therefore, her struggles were missed. Jane’s brother was not diagnosed, but she also stated she was more inattentive, while her brother was “*very hyperactive*”. As discussed in the literature review, the research validates these experiences, where young hyperactive boys have become the poster

children for ADHD, and it is just recently that there is more attention being paid to girls and women and their unique experiences (Hinshaw et al., 2022; Williamson & Johnson, 2015; Young et al., 2020). Though it has been thought that girls have more inattentive symptoms, recent statistics have questioned this, as it could be that hyperactivity looks different in girls due to how they are socialized, such as when Dianne discussed doing crossword puzzles or word searches under her papers in school to help pay attention (Williamson & Johnson, 2015). Additionally, there is a difference in the experiences of ascribed identity for these young girls as compared to boys, which might indicate a relationship between higher levels of internalized symptoms and other mental health concerns in girls, such as anxiety and depression (Young et al., 2020).

Krueger and Kendall (2001) interviewed 11 adolescents (8 males, 3 females) about experience and understanding self. They found gender differences in the ‘ADHD defined self’ where the boys appeared to consider themselves more “unappreciated and/or misunderstood”, while the girls internalized and were more likely to accept feedback from others into their understanding of self (p. 65). For the girls, their sense of achievement, self-esteem and value was dependent on how they interpreted they were perceived by others. Their sense of “temporal continuity” was therefore based on connecting their past and future selves with all the negative beliefs and experiences they held, whereas the boys were more likely to ‘live in the present’ and, therefore, often repeat behaviours, for better or worse outcomes (p.65). “[The boys] seemed to start each day with a blank slate” and tended to act impulsively based on their understanding and motives in the moment and therefore had difficulties accepting judgement from their past actions as well as difficulties thinking of themselves or consequences in the future (2001, p. 65). They also found the participants saw themselves through the more negative aspects of their ADHD, or “they were their ADHD, and their ADHD was them” (2001, p. 64). The female participants in

this study appeared to have similarities to the participants' narratives in my study where stories showed vulnerability to other's negative perceptions at a young age, and participants saw themselves more negatively as related to their symptoms, although they did not know their symptoms were related to ADHD. Also, several of the participants indicated, as adults, that they feel their self and identity are inseparable from their ADHD, though this was shared in a more positive light.

Shared Female Experiences

Quantitative research highlights that women with ADHD struggle to get or maintain employment, generally work in less skilled jobs, struggle to perform in those jobs and, further, struggle with finances (Fuller-Thomson et al., 2016; Hinshaw et al., 2022; Young et al., 2020). Certainly, these experiences came up in the narratives. Jane expressed her struggles being a new mom, how the expectations for herself were different than her husband, though she described them both struggling with impairments to executive functioning. Stephanie discussed her challenges with finding suitable employment and the barriers she faced. Childhood stories had many examples of the 'stereotype threat' described by Williamson and Johnston (2015), where several participants discussed the importance of remaining quiet and not causing trouble along with managing their ADHD symptoms (of which most did not know they had). Despite this, it could certainly be argued that all the women in the study found what our society would deem to be "success", whether it was through employment, their families, or their communities.

This demonstrates the value of qualitative research for understanding the experiences of women with ADHD as, for example, Dianne might be counted as someone who has maintained a 'good' job, however, a mere counting would not convey or validate the work she had to put in to maintain this job: advocating for herself for accommodations, managing her symptoms, the extra

stress of socialization, and accessing mental health treatment. Her experiences indicate why quantitative research often shows poor employment outcomes, but also could add to the literature to help women with ADHD to succeed in employment. This was similar to qualitative research by Redshaw and McCormack (2022), whose participants also recognized a sense of being ‘alien’ or different but were generally able to overcome their perception of being ‘broken’ and, further, were able to utilize their strengths to have healthy relationships and careers. Redshaw and McCormack’s results align with Young et al. (2020) who found that an inherent stigma remains against those with ADHD, and that to get accommodations at work, the individual must disclose their diagnosis. While Paisley found great assistance through this process of disclosure and accessing support in school, Stephanie discussed having negative experiences and being very cautious about disclosing.

Schreuer and Dorot (2017) discussed how being employed in an environment that is a good fit is important for women with ADHD. This was shared by almost all the participants. Jane expressed gratitude that she never had to enter the secretarial field, Vicki also expressed gratitude that she had not had to work in a very structured environment, and Stephanie discussed trying to navigate her employment so she could succeed. Schreuer and Dorot’s (2017) research also supports that with the right accommodations, women with ADHD were highly valued and successful in the workspace, which is validated in the participants’ stories, and serves as a reminder that ‘alienation’ does not have to be the norm. There is also research indicating that failure to provide accommodations, or being unaware or not asking about a diagnosis, can lead to higher rates of internalized symptoms, such as low self-esteem (Young et al., 2020). This was also shared in the stories, where most of the women had experiences, especially out of high

school, of trying and struggling to find the right type of employment and these perceived failures had a negative impact on their self-concepts.

Challenges with health and infertility came up in two stories as significant within the participants' narratives about low points, and there was further discussion of the need for research and dissemination of findings on women's health and ADHD. As discussed in the literature review, health research in general has had a male bias, and the literature on female specific physiology is very recent (Eisenlohr-Moul et al., 2018; Maleki et al., 2022; Young et al., 2020). An example is seen in Stephanie's story, who discussed having hypermobility, and there has been evidence of a correlation to this with ADHD, but only recently; therefore, it is not well understood (Glans et al., 2021). In the stories regarding infertility, there was frustration about the limited information, making navigating these stressors more difficult. It is not well understood but there is a connection between a mother having polycystic ovary syndrome (infertility is a symptom) and her offspring being diagnosed with ADHD. As ADHD is very inheritable, this could lead to an ongoing cycle of fertility challenges (Maleki et al., 2022). Researchers have only recently begun to examine how the menstrual cycle impacts ADHD symptoms, and it is now known that symptoms can fluctuate throughout the month (Eisenlohr-Moul et al., 2018). Vicki discussed her challenges in trying to not only understand herself, but also to understand how her daughter reacts throughout the month. While most of the women discussed trying to understand themselves and their symptoms better, as most had been recently diagnosed, there was challenge in reframing some of their internalized beliefs about themselves. As the women did get diagnosed and began their processes of learning, they did appear to find limited information that was very valuable to them but, again, expressed their frustration with not knowing sooner, and the lack of research available to them. There is an argument here for sharing stories and

experiences, as this was noted in several narratives to be very important: finding a community of women with ADHD so that individuals can find that connection and knowledge to understand themselves better.

Related to this, an additional experience that the women shared included the importance of learning more about, and advocating for, others with ADHD, and how this learning was impacted by social media. With the advances in social media and other applications, such as TikTok, the spread of information about ADHD is on the rise (Yeung et al., 2022). Several of the participants discussed learning about and relating to ADHD through social media information. Unfortunately, a recent Canadian study showed troubling reports that over half of analyzed TikTok videos contained misleading information (Yeung et al., 2022). Nonetheless, themes of supporting and advocating for others were popular in the narratives, which makes sense that individuals who have been ‘alienated’ would then want to support others going through similar experiences. Stephanie discussed the great importance for her of advocating and supporting others, as this led to her chosen career path. Dianne and Vicki also expressed the importance of supporting and advocating for others. As social media can be helpful for finding connection with others, it will likely remain an important tool; however, there needs to be consideration about how it may be managed for its ability to spread misinformation.

Limitations

While this study had an appropriate sample for the type of study, it was still a small number of individuals, and was limited geographical population of Alberta, making the generalization of results difficult. Additionally, the age group was skewed, with the youngest being 18 and the next oldest 35. While this was helpful for understanding the generational gap, the data likely would have been more succinct with a more similar age group. Additionally, the

participants were not asked about socioeconomic status as it did not appear pertinent initially, but it leads to the question of how the results would have been with a more diverse population. This research did not allow for the exploration of experience of more diverse gender populations, as only cis gendered women were included. The intersectionality of genders and ADHD is significantly lacking and would be a beneficial area of study.

I have several hats that I wear in my life that would impact this research. First, my position as a volunteer for a community organization that supports individuals with ADD, and as a woman open with my diagnosis in that community would impact my interactions with the participants and interpretation of the data. Further, my biases as a woman with ADHD who works with individuals in a therapeutic relationship who have ADHD had to be considered. Switching from therapist hat to researcher hat was more difficult than anticipated, as was discussed with my supervisor. Finally, my own experiences as a woman with ADHD would have influenced the questions I asked, how I did the interviews, and how I interpreted the data, which was another reason I chose to use the participant's own words in my discussion. There is an argument that my visibility in the community could have impacted the relationships with the participants, as has been noted in the methods chapter. My position could have impacted trustworthiness in the interviews in differing ways, as I could not enter the space as an impartial interviewer, and there was potential for future meetings. These factors could have also benefited the interviews as well in creating a safe space with someone who has more understanding of the experience of ADHD as a woman. Importantly as well. The participants who responded to this study were individuals who were inherently open to discussing their ADHD, as they would have found the recruitment ad on the website for community support services.

There was also data that could have added depth to the interviews that was not collected, such as screening for additional mental health disorders such as anxiety or depression. There was also limited time for relationship building, and as a trauma informed study, questions about traumatic experiences could not be asked about but would have added more understanding to how these experiences were influenced by ADHD symptoms and vice versa, and how they could impact coherence of the stories. Furthermore, questionnaires about Adverse Childhood Events scores and attachment would have also provided valuable insight, but again were out of scope for safety of the interviews. All this being said, the amount of data collected was immense, therefore additional information was not asked about, but still important for consideration for future research, both qualitative and quantitative.

Implications for Research and Social Work Practice

As has been discussed, the rates of ADHD diagnosis are rising, meaning social workers are more likely than ever to work with this population. This study provided several important implications for ADHD research, social work practice and social work research. Awareness of some of the key findings, such as the importance of healthy early parental relationships, how diagnosis can impact sense of self, and how ADHD can impact our clients is invaluable. Though it is not just our clients who face the challenges of this invisible phenomena, it is our family members, our colleagues, and as more and more women are finding, sometimes ourselves. Awareness of the social issues inherent in living with ADHD would be imperative for ethical care of our clients to help support and advocate. We know that women with ADHD have higher rates of trauma experiences, lower socioeconomic status, additional mental health diagnosis, but we also know that there are a lot of strengths within this population, and flourishing is possible with support, connection, and encouragement of those strengths.

This appears to be one of the first studies that used the full life story interview with an ADHD population, and the results indicate that this could be a greater area of exploration for future research. As this study was qualitative and broad in nature due to the research questions, there was a limitation on how specific functions of narrative identity could be further explored and even measured. Returning to McLean et al.'s (2020) conceptualization (figure 1), there are many components to narrative identity that could be explored, qualitatively as well as within quantitative and mixed research. Aspects such as coherence and structure have been explored in mental health areas such as borderline personality disorder and schizophrenia, with suggestion that narrative identity themes could be used akin to diagnosis. As ADHD has a well-known impact on executive functioning further exploration would be valuable.

Embodiment and spirituality are also regrettably lacking in ADHD research and would provide invaluable understanding and add to the treatment recommendations that could be helpful for living a life with ADHD. The development of embodied or spiritually based interventions could be beneficial within social work and therapy practices within this population. Additionally, sexuality is not well researched, and arguably is also a part of the holistic self that could be further explored. Further, as noted, the experience of different genders and ADHD has very little data to date.

Overall, a key finding was that the more research is done, the more one realizes how little we actually know. While quantitative research has been important for understanding ADHD, there is an argument that greater qualitative research is needed for a more nuanced and diverse picture of these individuals and how to support them.

Writer's Reflection

As I started this research with a story, I will now close it with a recent experience of wonderful irony. As I was leaving the library one day, after spending hours writing and researching, a man approached me, stated he had seen me working away and said, "I wish I had your concentration." From being chastised for inattention in my initial attempts at university to being praised for my efforts, it felt like a full-circle moment. He told me that he is retired at 66 but is trying to enter a new field of financial planning, and I in turn praised him. We wished each other luck as we parted, and I'd like to think that this story holds some hope for people trying to find their sense of agency. Engaging with this research was not only a scholastic undertaking for myself; it was a very personal experience. As I have stated, like many of the participants I was diagnosed with ADHD in my early thirties, which was one of the driving forces for this research. It would not be a sincere or complete project if I did not share my own experiences as I related to pieces of every story told. At times during the process, it felt as if it was my story being told, and I am grateful for the candidness and openness of the participants in engaging with the questions.

I query, is it better to have a personal understanding of the research topic, which helps in understanding but also adds bias, or to be completely new to a topic? Within narrative research it is understood that knowledge is co-created; any researcher is going to have an influence on the final material due to their own bias. However, to have a subject so close to my heart, I cannot help but wonder how this affected the interviews. While I am a therapist, to hear stories that were so similar to my own and in a non-therapeutic context I found myself making assumptions that likely influenced what was said. I am also taking into consideration that I only met with the participants once, therefore had limited relationship building. While there are some themes I would have wanted to explore more, it would not have been a safe space to do so considering

ethical and trauma-informed research. It is understood that narrative research is co-created, which makes reflection of how the researcher influenced the narratives important.

As this story ends, I wish to briefly share some of my own experience in doing the interviews. As with Jane, Stephanie, Vicki and Barb, I struggled at a young age but always did well enough to get by in school and in socializing; I had no name for what was going on besides believing there was something wrong with me, my own internal working model felt defective. I always found a way to find my goals, even if it meant changing them, but there was always a cost, much like the participants (and as an aside, also hated working in an office environment). Through working in mental health as I aged, I had the unique perspective of learning about ADHD, but even then, once diagnosed my experience was mixed; reflecting on a life that could have been different, and also understanding that having an ‘alien nature’ did not mean I was an inherently flawed person. Upon learning Paisley was a 19-year-old nursing student, I’ll admit there was some shock, because, as I have shared, I also entered a nursing program at that age, though didn’t make it through. It feels as though this project provided another full circle moment, where I was missed, but Paisley wasn’t, and therefore can thrive and grow in a world that is learning more about ADHD and how it impacts women. It becomes my hope that as more and more women tell their stories, we will continue to learn, support and advocate for others, and to know that even if we were born with an ‘alien nature’, we can be valued and accepted just as we are.

Chapter Six: Conclusion

The intent of this research was to explore the lived, holistic experiences of adult women diagnosed with ADHD in Alberta, Canada, and further, how their experiences impact identity and understanding of self. This is an area of research that is lacking, and further exposes many

additional areas for future study. Through narrative methods, the women shared stories of self-discovery and acceptance, of the importance of their relationships, on how ADHD impacted their understanding of identity and self, how their experiences were different from males, and how they experienced their holistic sense of self. Their experiences were all unique and different, but also shared a lot of commonalities related to living with ADHD. The overarching theme of ‘feeling like an alien’ was present in different contexts, whether feeling ‘alienated’ from the body and mind or ‘alienated’ from social worlds. They all shared stories of their successes despite their challenges, and their journeys towards accepting themselves, and their stories held a lot of inspiration and wisdom. Stories are important to share, as they not only help us to understand our world around us; they help us to understand ourselves. These stories prove that there is still much we don't know, and that qualitative research methods can provide wisdom and knowledge that is needed to further understand the nuance of how people experience their lives. Women deserve to know more about how ADHD impacts them and their bodies, and to stand up, if they chose, against pre-prescribed gendered stereotypes that do not serve them. As social workers, it is our obligation to be aware of issues in our communities, and as diagnosis rates of ADHD rise, it is imperative that we strive to educate ourselves, and our community. My story is not an uncommon one, but for the younger generation of women with ADHD, there is hope for further research, education and most importantly, connection.

References

- Adler, J. M. (2018). Bringing the (disabled) body to personality psychology: A case study of Samantha. *Journal of Personality, 86*(5), 803–824.
<https://doi-org.ezproxy.lib.ucalgary.ca/10.1111/jopy.12364>
- Adler, J. M., Dunlop, W. L., Fivush, R., Lilgendahl, J. P., Lodi-Smith, J., McAdams, D. P., McLean, K. C., Pasupathi, M., & Syed, M. (2017). Research methods for studying narrative identity: A primer. *Social Psychological and Personality Science, 8*(5), 519–527. <https://doi.org/10.1177/1948550617698202>
- Al-Yagon, M. (2018). Models of child–parent attachment in attention deficit hyperactivity disorder: Links to executive functions. *Personal Relationships, 25*(2), 280-298.
DOI: 10.1111/pere.12232
- American Psychiatric Association. (2022). *Diagnostic and statistical manual of mental disorders* (5th ed., text rev.). <https://doi.org/10.1176/appi.books.9780890425787>
- American Psychiatric Association. (2013). Highlights of changes from DSM-IV-TR to DSM-5. https://psychiatry.msu.edu/_files/docs/Changes-From-DSM-IV-TR-to-DSM-5.pdf Arthur, Arther, E., Seymour, A., Dartnall, M., Beltgens, P., Poole, N., Smylie, D., North, N., & Schmidt, R., (2013). *Trauma informed practice guide*. BC Provincial Mental Health and Substance Use Planning Council.
http://bccewh.bc.ca/wp-content/uploads/2012/05/2013_TIPGuide.pdf
- Babinski, D. E., Huffnagle, S. M., Bansal, P. S., Breaux, R. P., & Waschbusch, D. A. (2020). Behavioral treatment for the social-emotional difficulties of preadolescent and adolescent girls with ADHD. *Evidence-Based Practice in Child and Adolescent Mental Health, 5*(2), 173-188. DOI: 10.1080/23794925.2020.1759470

- Babinski, D. E., Pelham, W. E., Molina, B. S. G., Gnagy, E. M., Waschbusch, D. A., Yu, J., MacLean, M. G., Wymbs, B. T., Sibley, M. H., Biswas, A., Robb, J. A., & Karch, K. M. (2011). Late adolescent and young adult outcomes of girls diagnosed with ADHD in childhood: An exploratory investigation. *Journal of Attention Disorders, 15*(3), 204–214. <https://doi.org/10.1177/1087054710361586>
- Bamberg, M. (2012). Narrative analysis. In H. Cooper (Ed.), *APA handbook of research methods in psychology: Vol. 2. quantitative, qualitative, neuropsychological, and biological*. American Psychological Association.
- Barkley, R. A. (1997). *ADHD and the nature of self-control*. Guilford Press.
- Bjerrum, M. B., Pedersen, P. U., & Larsen, P. (2017). Living with symptoms of attention deficit hyperactivity disorder in adulthood: a systematic review of qualitative evidence. *JBIS Database of Systematic Reviews and Implementation Reports, 15*(4), 1080–1153. <https://doi.org/10.11124/JBISRIR-2017-003357>
- Brandon, P. (2014). Body and self: an entangled narrative. *Phenomenology and the Cognitive Sciences, 15*(1), 67–83. <https://doi.org/10.1007/s11097-014-9369-8>
- Boynton, H. (2011). Children’s spirituality: epistemology and theory from various helping professions. *International Journal of Children’s Spirituality, 16*(2), 109–127. <https://doi.org/10.1080/1364436X.2011.580727>
- Bowlby, J. (1973). *Attachment and loss: Vol. II: Separation: Anxiety and anger*. New York, NY: Basic Books
- Canadian Association of Social Workers. (2005). *Code of Ethics*. Retrieved from https://www.casw-acts.ca/sites/default/files/attachements/casw_code_of_ethics.pdf

- Canu, W. H., & Carlson, C. L. (2007). Rejection sensitivity and social outcomes of young adult men with ADHD. *Journal of Attention Disorders, 10*, 261–275.
[doi:10.1177/1087054706288106](https://doi.org/10.1177/1087054706288106)
- Cili, S. & Stopa, L. (2018). *Autobiographical memory and the self: Relationship and implications for cognitive-behavioural therapy*. Taylor and Francis.
<https://doi.org/10.4324/9781315107103>
- Clandinin, D. J., & Caine, V. (2013). Narrative inquiry. In A. A. Trainor & E. Graue (Eds.), *Reviewing qualitative research in the social sciences* (pp. 166-179). New York, NY: Routledge.
- Clandinin, D. J., & Connelly, F. M., (2000). *Narrative inquiry: experience and story in qualitative research*. San Francisco, CA: Jossey-Bass, Wiley company.
- Climie, E. & Henley, L. (2018). Canadian parents and children’s knowledge of ADHD. *Vulnerable Children and Youth Studies, 13*(3), 266–275.
<https://doi.org/10.1080/17450128.2018.1484975>
- Coady, N., & Lehmann, P. (Eds.). (2016). *Theoretical perspectives for direct social work practice* (3rd ed.). New York, NY: Springer
- Coelho, R. M., Drummond, C., Mota, N. B., Erthal, P., Bernardes, G., Lima, G., Molina, R., Sudo, F. K., Tannock, R., & Mattos, P. (2021). Network analysis of narrative discourse and attention-deficit hyperactivity symptoms in adults. *PLoS ONE, 16*(4).
<https://doi.org/10.1371/journal.pone.0245113>
- Conrad, P., & Barker, K. K. (2010). The social construction of illness: key insights and policy implications. *Journal of Health and Social Behavior, 51*, S67–S79.
<https://doi.org/10.1177/0022146510383495>

- Conway, F., Oster, M., & Szymanski, K. (2011). ADHD and complex trauma: A descriptive study of hospitalized children in an urban psychiatric hospital. *Journal of Infant, Child, and Adolescent Psychotherapy*, *10*(1), 60-72. DOI: 10.1080/15289168.2011.575707
- Conway, M. & Pleydell-Pearce, C. W. (2000). The construction of autobiographical memories in the self-memory system. *Psychological Review*, *107*(2), 261–288.
<https://doi.org/10.1037/0033-295X.107.2.261>
- Cortese, S., & Coghill, D. (2018). Twenty years of research on attention-deficit/hyperactivity disorder (ADHD): looking back, looking forward. *Evidence-based mental health*, *21*(4), 173–176. <https://doi.org/10.1136/ebmental-2018-300050>
- Craig, A. D. (2009). How do you feel - now? The anterior insula and human awareness. *Nature Reviews. Neuroscience*, *10*(1), 59–70. <https://doi.org/10.1038/nrn2555>
- Creswell, J. W., & Creswell, J. D. (2018). *Research design: qualitative, quantitative, and mixed methods approaches*. (5th ed). SAGE Publications, Inc.
- Crossley, M., (2000). Narrative psychology, trauma and the study of self/identity. *Theory & Psychology*, *10*(4), 527–546. <https://doi.org/10.1177/0959354300104005>
- Cuba Bustinza, C., Adams, R. E., Claussen, A. H., Vitucci, D., Danielson, M. L., Holbrook, J. R., & Froehlich, T. E. (2022). Factors associated with bullying victimization and bullying perpetration in children and adolescents with ADHD: 2016 to 2017. National survey of children’s health. *Journal of Attention Disorders*, *26*(12), 1535–1548.
<https://doi.org/10.1177/10870547221085502>
- Curatolo, P., D’Agati, E., & Moavero, R. (2010). The neurobiological basis of ADHD. *Italian Journal of Pediatrics*, *36*(1), 79. <https://doi.org/10.1186/1824-7288-36-79>
- Dew, R. E., Kollins, S. H., & Koenig, H. G. (2020). ADHD, religiosity, and psychiatric

- comorbidity in adolescence and adulthood. *Journal of Attention Disorders*, 26(2), 307-318. <https://doi.org/10.1177/1087054720972803>
- Downey, G., & Feldman, S. I. (1996). Implications of rejection sensitivity for intimate relationships. *Journal of Personality and Social Psychology*, 70(6), 1327-1343. doi:10.1037/0022-3514.70.6.1327
- Erikson, E. H. (1950). *Childhood and society*. New York: Norton.
- Fabio, R. A., & Caprì. T. (2015). Autobiographical memory in ADHD subtypes. *Journal of Intellectual & Developmental Disability*, 40(1), 26-36. DOI: 10.3109/13668250.2014.983057
- Fraser, H. (2004). Doing narrative research: Analyzing personal stories line by line. *Qualitative Social Work*, 3(2), 179–201. <https://doi.org/10.1177/1473325004043383>
- Fuller-Thomson, E., Lewis, D., & Agbeyaka, S. (2016). Attention-deficit/hyperactivity disorder casts a long shadow: Findings from a population-based study of adult women with self-reported ADHD. *Child: Care, Health and Development*, 42(6), 918-927. DOI: 10.1111/cch.12380
- Garland-Thomson, R. (2014). The story of my work: How I became disabled. *Disability Studies Quarterly*, 34(2). <https://doi.org/10.18061/dsq.v34i2.4254>
- Gilboa-Schechtman, E., Keshet, H., Peschard, V., & Azoulay, R. (2020). Self and identity in social anxiety disorder. *Journal of Personality*, 88(1), 106–121. <https://doi.org/10.1111/jopy.12455>
- Gilligan, C. (1982). *In a different voice: psychological theory and women's development*. Harvard University Press.

- Glans, M., Thelin, N., Humble, M. B., Elwin, M., & Bejerot, S. (2021). Association between adult attention-deficit hyperactivity disorder and generalised joint hypermobility: A cross-sectional case control comparison. *Journal of Psychiatric Research, 143*, 334-340. doi:10.1016/j.jpsychires.2021.07.006
- Gordon, C. T., & Hinshaw, S. P. (2020). Executive functions in girls with and without childhood ADHD followed through emerging adulthood: Developmental trajectories. *Journal of Clinical Child and Adolescent Psychology 53, 49(4)*, 509–523. <https://doi.org/10.1080/15374416.2019.1602840>
- Guest, G., Bunce, A., & Johnson, L. (2006). How many interviews are enough? An experiment with data saturation and variability. *Field Methods, 18(1)*, 59-82. <https://doi.org/10.1177/1525822X05279903>
- Guba, E. G., & Lincoln, Y. S. (2005). Paradigmatic controversies, contradictions and emerging confluences. In N. Denzin, & Y. S. Lincoln (Eds.), *The Sage Handbook of qualitative research* (pp. 191–215). Thousand Oaks, CA: Sage
- Habermas, T. & Bluck, S. (2000). Getting a life: The emergence of the life story in adolescence. *Psychological Bulletin, 126(5)*, 748–769. <https://doi.org/10.1037/0033-2909.126.5.748>
- Habermas, T., & Kober, C. (2014). Autobiographical reasoning is constitutive for narrative identity: The role of the life story for personal continuity. In K.C. McLean & M. Syed (Eds.), *The Oxford Handbook of Identity Development*. (pp.33-52). Oxford University Press, Incorporated.
- Hallford, J. D., Ricarte, J. J., & Hermans, D. (2021). Perceived autobiographical coherence predicts depressive symptoms over time through positive self-concept. *Frontiers in*

- Psychology*, 12, 625429–625429. <https://doi.org/10.3389/fpsyg.2021.625429>
- Hammack, P. L. (2014). Theoretical foundations of identity. In K. C. McLean & M. Syed (Eds.), *The Oxford Handbook of Identity Development*. (pp.11-30). Oxford University Press, Incorporated.
- Hill, C., & Burrows, G. (2017). New voices: The usefulness of a narrative approach to social work research. *Qualitative Social Work*, 16(2), 273–288.
<https://doi.org/10.1177/1473325017689966>
- Hinshaw, S. P. (2018). Attention deficit hyperactivity disorder (ADHD): Controversy, developmental mechanisms, and multiple levels of analysis. *Annual Review of Clinical Psychology*, 14(1), 291–316.
<https://doi.org/10.1146/annurev-clinpsy-050817-084917>
- Hinshaw, S. P., Nguyen, P. T., O’Grady, S. M., & Rosenthal, E. A. (2022). Annual research review: Attention-deficit/hyperactivity disorder in girls and women: underrepresentation, longitudinal processes, and key directions. *Journal of Child Psychology and Psychiatry*, 63(4), 484–496. <https://doi.org/10.1111/jcpp.13480>
- Hoogman, M., Bralten, J., Hibar, D. P., Mennes, M., Zwiers, M. P., Schweren, L. S. J., Van Hulzen, K. J. E., Medland, S. E., Shumskaya, E., Jahanshad, N., Zeeuw, P., Szekely, E., Sudre, G., Wolfers, T., Onnink, A. M. H., Dammers, J. T., Mostert, J. C., Vives-Gilabert, Y., Kohls, G., Oberwelland, E., & Franke, B. (2017). Subcortical brain volume differences in participants with attention deficit hyperactivity disorder in children and adults: a cross-sectional mega-analysis. *The Lancet. Psychiatry*, 4(4), 310–319.
[https://doi.org/10.1016/S2215-0366\(17\)30049-4](https://doi.org/10.1016/S2215-0366(17)30049-4)

- Horton-Salway, M. (2013). Gendering attention deficit hyperactivity disorder: A discursive analysis of UK newspaper stories. *Journal of Health Psychology, 18*(8), 1085-1099.
doi:10.1177/1359105312456326
- Hunter, S. (2010). Analyzing and representing narrative data: The long and winding road. *Current Narratives, 1*(2), 44–54. <https://ro.uow.edu.au/currentnarratives/vol1/iss2/5>
- Jensen, R., A., A., Thomsen, D. K., Bliksted, V. F., & Ladegaard, N. (2020). Narrative identity in psychopathology: A negative past and a bright but foreshortened future. *Psychiatry Research, 290*, 113103–113103.
<https://doi.org/10.1016/j.psychres.2020.113103>
- Johnson, S. (2019). *Attachment theory in practice: Emotionally focused therapy with individuals, couples and families*. Guilford Press.
- Jones, S., & Hesse, M. (2018). Adolescents with ADHD: Experiences of having an ADHD diagnosis and negotiations of self-image and identity. *Journal of Attention Disorders, 22*(1), 92–102. <https://doi.org/10.1177/1087054714522513>
- Jutel, A., & Nettleton, S. (2011). Towards a sociology of diagnosis: Reflections and opportunities. *Social Science and Medicine 73*: 793–800.
<https://doi.org/10.1016/j.socscimed.2011.07.014>
- Kian, N., Samieefar, N., & Rezaei, N. Prenatal risk factors and genetic causes of ADHD in children. *World Junior Pediatrics 18*, 308–319 (2022).
<https://doi-org.ezproxy.lib.ucalgary.ca/10.1007/s12519-022-00524-6>
- Kim, J. Y., Lee, J., Jeong, G. H., Lee, E., Lee, S., Lee, K. H., Kronbichler, A., Stubbs, B., Solmi, M., Koyanagi, A., Hong, S. H., Dragioti, E., Jacob, L., Brunoni, A. R., Carvalho, A. F.,

- Radua, J., Thompson, T., Smith, L., & Fusar-Poli, P. (2020). Environmental risk factors, protective factors, and peripheral biomarkers for ADHD: an umbrella review. *The Lancet. Psychiatry*, 7(11), 955–970. [https://doi.org/10.1016/S2215-0366\(20\)30312-6](https://doi.org/10.1016/S2215-0366(20)30312-6)
- Kirmayer, L. J. (2006). Beyond the ‘new cross-cultural psychiatry’: Cultural biology, discursive psychology and the ironies of globalization. *Transcultural Psychiatry*, 43, 126-144. <https://doi-org.ezproxy.lib.ucalgary.ca/10.1177/1363461506061761>
- Kissgen, R., & Franke, S. (2016). An attachment research perspective on ADHD. *Neuropsychiatrie*, 30(2), 63-68. doi: 10.1007/s40211-016-0182-1
- Kittel-Schneider, S., Quednow, B. B., Leutritz, A. L., McNeill, R. V., & Reif, A. (2021). Parental ADHD in pregnancy and the postpartum period – A systematic review. *Neuroscience and Biobehavioral Reviews*, 124, 63–77. <https://doi.org/10.1016/j.neubiorev.2021.01.002>
- Klein, S. B., Gangi, C. E., & Lax, M. L. (2011). Memory and Self-knowledge in young adults with ADHD. *Self and Identity*, 10(2), 213–230. <https://doi.org/10.1080/15298861003741604>
- Koen, C. M., Jr, Carmichael, A. J., & Koen, K. E. (2017). Attention deficit disorder and the Americans with disabilities act: Is anyone paying attention? *The Health Care Manager*, 36(2), 116–122. <https://doi.org/10.1097/HCM.0000000000000161>
- Kroger, J. (2014). Identity development through adulthood: The move toward “wholeness”. In K. C. McLean & M. Syed (Eds.), *The Oxford Handbook of Identity Development*. (pp.11-30). Oxford University Press, Incorporated.

- Krueger, M., & Kendall, J. (2001). Descriptions of self: An exploratory study of adolescents with ADHD. *Journal of Child and Adolescent Psychiatric Nursing*, 14(2), 61–72.
<https://doi.org/10.1111/j.1744-6171.2001.tb00294.x>
- Kutscheidt, K., Dresler, T., Hudak, J., Barth, B., Blume, F., Ethofer, T., Fallgatter, A. J., & Ehlis, A. C. (2019). Interoceptive awareness in patients with attention-deficit/hyperactivity disorder (ADHD). *Attention Deficit and Hyperactivity Disorders*. 1(4), 395–401. <https://doi.org/10.1007/s12402-019-00299-3>
- Lacasse, J. (2014). After DSM-5: A critical mental health research agenda for the 21st century. *Research on Social Work Practice*, 24(1), 5–10.
<https://doi.org/10.1177/1049731513510048>
- Larsson, S., & Sjöblom, Y. (2009). Perspectives on narrative methods in social work research. *International Journal of Social Welfare*, 19(3), 272–280.
<https://doi.org/https://doi.org/10.1111/j.1468-2397.2009.00672.x>
- Lee, M. Y., Ng, S., Leung, P. P. Y., Chan, C. L., & Leung, P. (2009). *Integrative body-mind-spirit social work: An empirically based approach to assessment and treatment*. Oxford University Press USA - OSO.
- Levine, J. E. (1997). Re-visioning attention deficit hyperactivity disorder (ADHD). *Clinical Social Work Journal*, 25(2), 197–209. <https://doi.org/10.1023/A:1025762509298>
- Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic Inquiry*. Newbury Park, CA: Sage Publications.
- Long, N., & Coats, H. (2022). The need for earlier recognition of attention deficit hyperactivity disorder in primary care: A qualitative meta-synthesis of the experience of receiving a diagnosis of ADHD in adulthood. *Family Practice*.

<https://doi.org/10.1093/fampra/cmac038>

Lopez-Larson, M. P., King, J. B., Terry, J., McGlade, E. C., & Yurgelun-Todd, D. (2012).

Reduced insular volume in attention deficit hyperactivity disorder. *Psychiatry Research. Neuroimaging*, 204(1), 32–39. <https://doi.org/10.1016/j.psychresns.2012.09.009>

Mackenzie, C. (2014) Embodied agents, narrative selves. *Philosophical Explorations*, 17(2), 154-171. DOI: 10.1080/13869795.2014.886363

Mahone, E. M., & Denckla, M. B. (2017). Attention-deficit/hyperactivity disorder: A historical neuropsychological perspective. *Journal of the International Neuropsychological Society*, 23(9-10), 916–929. <https://doi.org/10.1017/S1355617717000807>

Maleki, A., Bashirian, S., Soltanian, A. R., Jenabi, E., & Farhadinasab, A. (2022). Association between polycystic ovary syndrome and risk of attention-deficit/hyperactivity disorder in offspring: a meta-analysis. *Clinical and Experimental Pediatrics*, 65(2), 85–89. <https://doi.org/10.3345/cep.2021.00178>

Martinez-Brawley, E. E. (2020). Changing perspectives and changing goals. Constructivism in social work re-visited. *British Journal of Social Work*, 50(1), 264–281. <https://doi.org/http://dx.doi.org/10.1093/bjsw/bcz112>

McAdams, D. P. (1993). *The stories we live by: Personal myths and the making of the self*. New York, NY: William Morrow and Company.

McAdams, D. P. (1995). What do we know when we know a person? *Journal of Personality*, 63(3), 365–396. <https://doi.org/10.1111/j.1467-6494.1995.tb00500.x>

McAdams, D. P. (1996) Personality, modernity, and the storied self: A contemporary framework for studying persons. *Psychological Inquiry*, 7(4), 295-321. DOI: 10.1207/ s15327965pli0704_1

- McAdams, D. P. (2001). The psychology of life stories. *Review of General Psychology, 5*(2), 100-122. <https://doi.org/10.1037/1089-2680.5.2.100>
- McAdams, D. P. (2007) The life story interview II. The Foley Center for the Study of Lives. Northwestern University.
<https://cpb-us-e1.wpmucdn.com/sites.northwestern.edu/dist/4/3901/files/2020/11/The-Life-Story-Interview-II-2007.pdf>
- McAdams, D. P. (2012). Exploring psychological themes through life narrative accounts. In J. Holstein and J. F. Gubrium (Eds.), *Varieties of narrative analysis* (pp. 15-32). Sage.
- McAdams, D. P. (2013). The psychological self as actor, agent, and author. *Perspectives in Psychological Sciences, 8*(3), 272–295. <https://doi.org/10.1177/1745691612464657>
- McAdams, D. P. (2018). Narrative Identity: What is it? What does it do? How do you measure it? *Imagination, Cognition and Personality, 37*(3), 359–372.
<https://doi.org/10.1177/0276236618756704>
- McAdams, D. P. (2019). Psychopathology and the self: Human actors, agents, and authors. *Journal of Personality, 88*(1), 146–155. <https://doi.org/10.1111/jopy.12496>
- McAdams, D. P., & McLean, K. C. (2013). Narrative identity. *Current Directions in Psychological Science, 22*(3), 233–238. <https://doi.org/10.1177/0963721413475622>
- McAdams, D. P., & Guo, J. (2015). Narrating the generative life. *Psychological Science, 26*(4), 475–483. <https://doi.org/10.1177/0956797614568318>
- McAdams, D. P., & Pals, J. L. (2006). A new big five: Fundamental principles for an integrative science of personality. *American Psychologist, 61*(3), 204-217.
- McLean, K. C., & Syed, M. (2014). The field of identity development needs an identity: An introduction to the oxford handbook of identity development. In K. C. McLean, & M. Syed (Eds.), *The Oxford Handbook of Identity Development*. (pp.1-10).

Oxford University Press, Incorporated.

Meier, B.P., Schnall, S., Schwarz, N., & Bargh, J. A. (2012). Embodiment in social psychology.

Topics in Cognitive Science, 4(4), 705–716.

<https://doi.org/10.1111/j.1756-8765.2012.01212.x>

Merriam-Webster. (n.d.). Self. In *Merriam-Webster.com dictionary*.

Retrieved from <https://www.merriam-webster.com/dictionary/self>

Miklósi, M., Máté, O., Somogyi, K., & Szabó, M. (2016). Adult attention deficit hyperactivity

disorder symptoms, perceived stress, and well-being: The role of early maladaptive schemata. *The Journal of Nervous and Mental Disease*, 204(5), 364-369.

DOI: 10.1097/NMD.0000000000000472

Mitchell, K. L., & Climie, E. (2013). The importance of the parent-child relationship in the protection against behavior problems in children with ADHD. [Unpublished master's thesis, University of Calgary].

<http://dx.doi.org/10.5072/PRISM/28203>

Moody, M. (2016). Us against them: Schools, families, and the diagnosis of ADHD among black children. *Journal of Racial and Ethnic Health Disparities* 4 (5), 949-956.

DOI: 2196-8837

Nelson, K. (2018). Making memory: Meaning in development of the autobiographical self.

In A. Rosa & J. Valsiner (Eds.), *The Cambridge handbook of sociocultural psychology* (pp. 260–273). Cambridge University Press.

<https://doi.org/10.1017/9781316662229.015>

Nielsen, M. (2017). ADHD and temporality: A desynchronized way of being in the world. *Medical Anthropology*, 36(3), 260-272.

DOI: 10.1080/01459740.2016.1274750

Oxford English Dictionary. (2000). Self. In *Oxford English Dictionary Online*.

Oxford University Press.

<https://www-oed-com.ezproxy.lib.ucalgary.ca/view/Entry/175090>

Park. (2010). Making sense of the meaning literature. *Psychological Bulletin*, 136(2), 257–301.

<https://doi.org/10.1037/a0018301>

Redshaw, R., & McCormack, L. (2022). “Being ADHD”: A qualitative study. *Advances in Neurodevelopmental Disorders*, 6(1), 20–28.

<https://doi.org/10.1007/s41252-021-00227-5>

Reddit. (2022, December). *R/ADHD*. <https://www.reddit.com/r/ADHD/>

Riessman, C. K. (1993). *Qualitative research methods, Vol. 30. Narrative analysis*. Sage Publications, Inc.

Riessman, C. K., & Quinney, L. (2005). Narrative in social work: A critical review. *SAGE Qualitative Research Methods*, 4(4), 391–412.

<https://doi.org/10.1177/1473325005058643>

Ringer, N. (2020). Living with ADHD: A meta-synthesis review of qualitative research on children’s experiences and understanding of their ADHD. *International Journal of Disability, Development, and Education*, 67(2), 208–224.

DOI: 10.1080/1034912X.2019.1596226

Safren, S. A., Sprich, S., Perlman, C. A., & Otto, M. W. (2017). *Mastering Your Adult ADHD: A Cognitive-Behavioral Treatment Program*, second edition. New York: Oxford University Press.

- Sajjadi, S. F., Gross, J., Sellbom, M., & Hayne, H. (2022). Narrative identity in borderline personality disorder. *Personality Disorders: Theory, Research, and Treatment, 13* (1), 12-23. doi: 10.1037/per0000476.
- Scharf, M., Oshri, A., Eshkol, V., & Pilowsky, T. (2014). Adolescents' ADHD symptoms and adjustment: The role of attachment and rejection sensitivity. *American Journal of Orthopsychiatry, 84*(2), 209–217. <https://doi.org/10.1037/h0099391>
- Schilpzand, E., Sciberras, J., Alisic, E., Efron, D., Hazell, D., Jongeling, P., Anderson, V., & Nicholson, V. (2018). Trauma exposure in children with and without ADHD: Prevalence and functional impairment in a community-based study of 6–8-year-old Australian children. *European Child & Adolescent Psychiatry, 27*(6), 811–819. DOI: 10.1007/s00787-017-1067-y
- Scholtens, S., Rydell, A., Bohlin, G., & Thorell, L. (2014). ADHD symptoms and attachment representations: Considering the role of conduct problems, cognitive deficits and narrative responses in non-attachment-related story stems. *Journal of Abnormal Child Psychology, 42*(6), 1033-1042.
- Schore, J., & Schore, A. (2008). Modern attachment theory: The central role of affect regulation in development and treatment. *Clinical Social Work Journal, 36*(1), 9-20. DOI: 10.1007/s10615-007-0111-7
- Schreuer, N., & Dorot, R. (2017). Experiences of employed women with attention deficit hyperactive disorder: A phenomenological study. *Work, 56*(3), 429-441. doi:10.3233/WOR-172509
- Schwartz, S., Luyckx, K., & Crocetti, E. (2014). What have we learned since Schwartz (2001). A reappraisal of the field of identity development. In K. C. McLean & M. Syed

- (Eds.), *The Oxford handbook of identity development*. (pp.1-10). Oxford University Press, Incorporated.
- See, A. Y., Klimstra, T. A., Shiner, R. L., & Denissen, J. A. (2021). Linking narrative identity with schizotypal personality disorder features in adolescents. *Personality Disorders: Theory, Research, and Treatment*, *12* (2), 182-192. doi: 10.1037/per0000414.
- Shaw, P. (2018). Growing up: Evolving concepts of adult attention deficit hyperactivity disorder. *American Journal of Psychiatry*, *175*(2), 95-96.
DOI: 10.1176/appi.ajp.2017.17111257
- Sheridan, M. J. (2004). Predicting the use of spiritually derived interventions in social work practice: A survey of practitioners. *Journal of Religion and Spirituality in Social Work*, *23*(4), 5-25.
- Singer, J. A. (2004). Narrative identity and meaning making across the adult lifespan: An introduction. *Journal of Personality*, *72*(3), 437–460.
<https://doi.org/10.1111/j.0022-3506.2004.00268.x>
- Singer, J. A., Blagov, P., Berry, M., & Oost, K. M. (2012). Self-defining memories, scripts, and the life story: Narrative identity in personality and psychotherapy. *Journal of Personality*, *81*(6), 569–582. <https://doi.org/10.1111/jopy.12005>
- Solomonson, L., & Stewart, T. (2013). The impact of adult attention deficit hyperactivity disorder symptoms on maternal parenting behaviors. (Report). *Michigan Journal of Counseling*, *40*(1), 14-26. DOI: 10.22237/mijoc/1370044920
- Sorell, G., & Montgomery, M. J. (2001). Feminist perspectives on Erikson's theory: Their relevance for contemporary identity development research. *Identity* *1*(2), 97–128.
https://doi.org/10.1207/S1532706XID0102_01

- Stelmach, J. E. (2011). Religious coping and deficits of executive functioning: Adults with ADHD. (Order No. 3496866) [Doctoral dissertation, Regent University]. ProQuest Dissertations Publishing.
- Stenner, P., O'Dell, L., & Davies, A. (2019). Adult women and ADHD: On the temporal dimensions of ADHD identities. *Journal for the Theory of Social Behaviour*, 49(2), 179–197. <https://doi.org/https://doi.org/10.1111/jtsb.12198>
- Storebø, O., Rasmussen, P., & Simonsen, E. (2016). Association between insecure attachment and ADHD: Environmental mediating factors. *Journal of Attention Disorders*, 20(2), 187-196. DOI: 10.1177/1087054713501079
- Strohmeier, C. W., Rosenfield, B., DiTomasso, R. A., & Ramsay, J. R. (2016). Assessment of the relationship between self-reported cognitive distortions and adult ADHD, anxiety, depression, and hopelessness. *Psychiatry Research*, 238, 153–158. <https://doi.org/10.1016/j.psychres.2016.02.034sag>
- Substance Abuse and Mental Health Services Administration. (2014). SAMHSA's concept of trauma and guidance for a trauma-informed approach. <https://store.samhsa.gov/shin/content/SMA14-4884/SMA14-4884.pdf>
- Thapar, A., Cooper, M., Eyre, O., & Langley, K. (2013). Practitioner review: What have we learnt about the causes of ADHD? *Journal of Child Psychology and Psychiatry*, 54(1), 3–16. <https://doi.org/https://doi.org/10.1111/j.1469-7610.2012.02611.x>
- Tufford, L., & Newman, P. (2012). Bracketing in qualitative research. *Qualitative Social Work: QSW: Research and Practice*, 11(1), 80–96. <https://doi.org/10.1177/1473325010368316>
- Van der Kolk, B. (2000). Posttraumatic stress disorder and the nature of trauma. *Dialogues in*

- Clinical Neuroscience*, 2(1), 7–22. <https://doi.org/10.31887/DCNS.2000.2.1/bvdkolk>
- Vis, J., & Boynton, H. M. (2008). Spirituality and transcendent meaning making: Possibilities for enhancing posttraumatic growth. *Journal of Religion & Spirituality in Social Work*, 27(1-2), 69–86. <https://doi.org/10.1080/15426430802113814>
- Volkow, N. D., Wang, G.-J., Kollins, S. H., Wigal, T. L., Newcorn, J. H., Telang, F., Fowler, J. S., Zhu, W., Logan, J., Ma, Y., Pradhan, K., Wong, C., & Swanson, J. M. (2009). Evaluating dopamine reward pathway in ADHD: Clinical implications. *JAMA*, 302(10), 1084–1091. <https://doi.org/10.1001/jama.2009.1308>
- Walker, M., & Rogers, W. A. (2017). Diagnosis, narrative identity, and asymptomatic disease. *Theoretical Medicine and Bioethics*, 38(4), 307–321. <https://doi.org/10.1007/s11017-017-9412-1>
- Williams, K.D., Forgas, J.P., & Hippel, W.V. (Eds.). (2005). *The social outcast: Ostracism, social exclusion, rejection, and bullying (1st ed.)*. Psychology Press. <https://doi-org.ezproxy.lib.ucalgary.ca/10.4324/9780203942888>
- Williamson, D., & Johnston, C. (2015). Gender differences in adults with attention-deficit/hyperactivity disorder: A narrative review. *Clinical Psychology Review*, 40, 15–27. <https://doi.org/10.1016/j.cpr.2015.05.005>
- Wylock, J. F., Borghini, A., & Slama, H. (2021). Child attachment and ADHD: A systematic review. *European Child Adolescent Psychiatry*. <https://doi-org.ezproxy.lib.ucalgary.ca/10.1007/s00787-021-01773-y>
- Yeung, N. E., & Abi-Jaoude, E. (2022). TikTok and attention-deficit/hyperactivity disorder: A cross-sectional study of social media content quality. *Canadian Journal of Psychiatry*, 67(12), 899–906. <https://doi.org/10.1177/07067437221082854>

- Young, S., Bramham, J., Gray, K., & Rose, E. (2008). The experience of receiving a diagnosis and treatment of ADHD in adulthood. *Journal of Attention Disorders, 11*(4), 493–503. <https://doi.org/10.1177/1087054707305172>
- Young, S., Adamo, N., Ásgeirsdóttir, B. B., Branney, P., Beckett, M., Colley, W., Cubbin, S., Deeley, Q., Farrag, E., Gudjonsson, G., Hill, P., Hollingdale, J., Kilic, O., Lloyd, T., Mason, P., Paliokosta, E., Perecherla, S., Sedgwick, J., Skirrow, C., Tierny, K., Van Rensburn, K., & Woodhouse, E. (2020). Females with ADHD: An expert consensus statement taking a lifespan approach providing guidance for the identification and treatment of attention-deficit/ hyperactivity disorder in girls and women. *BMC Psychiatry, 20*(1), 404–404. <https://doi.org/10.1186/s12888-020-02707-9>
- Young, Z., Tickle, A., Gillott, A., & Groom, M. (2019). Psychological impact of an adult ADHD diagnosis: “A blessing and a curse?” *Life Span and Disability, 22*(2), 173–203. DOI:10.13140/RG.2.2.36110.72006
- Zylowska, L., Ackerman, D. L., Yang, M. H., Futrell, J. L., Horton, N. L., Hale, T. S., & Smalley, S. L. (2008). Mindfulness meditation training in adults and adolescents with ADHD: A feasibility study. *Journal of Attention Disorders, 11*(6), 737-746. [doi:10.1177/1087054707308502](https://doi.org/10.1177/1087054707308502)

Appendices

Appendix A

Interview questions as adapted by McAdams (2007), McAdams (2012).

This is an interview about the story of your life. As a Social Worker and Masters student, I am interested in hearing your story, including parts of the past as you remember them and the future as you imagine it. The story is selective; it does not include everything that has ever happened to you. Instead, I will ask you to focus on a few key things in your life – a few key scenes, characters, and ideas. There are no right or wrong answers to my questions. Instead, your task is simply to tell me about some of the most important things that have happened in your life and how you imagine your life developing in the future. I will guide you through the interview so that we finish it all in about two hours or less.

Please know that my purpose in doing this interview is not to figure out what is wrong with you or to do some kind of deep clinical analysis! Nor should you think of this interview as a “therapy session” of some kind. The interview is for research purposes only, and its main goal is simply to hear your story. My aim here is to learn more about how ADHD has impacted your sense of self, and your story will provide us with valuable insights. I think you will enjoy the interview. Do you have any questions?

A. Life Chapters

Please begin by thinking about your life as if it were a book or novel. Imagine that the book has a table of contents containing the titles of the main chapters in the story. To begin here, please describe very briefly what the main chapters in the book might be. Please give each chapter a title, tell me just a little bit about what each chapter is about, and say a word or two about how

we get from one chapter to the next. As a storyteller here, what you want to do is to give me an overall plot summary of your story, going chapter by chapter. You may have as many chapters as you want, but I would suggest having between about 2 and 7 of them. We will want to spend no more than about 20 minutes on this first section of the interview, so please keep your descriptions of the chapters relatively brief.

B. Key Scenes in the Life Story

Now that you have described the overall plot outline for your life, I would like you to focus in on a few key scenes that stand out in the story. A key scene would be an event or specific incident that took place at a particular time and place. Consider a key scene to be a moment in your life story that stands out for a particular reason – perhaps because it was especially good or bad, particularly vivid, important, or memorable. For each of the key events we will consider, I ask that you describe in detail what happened, when and where it happened, who was involved, and what you were thinking and feeling in the event. In addition, I ask that you tell me why you think this particular scene is important or significant in your life. What does the scene say about you as a person? Please be specific.

1. High point.

Please describe a scene, episode, or moment in your life that stands out as an especially positive experience. This might be the high point scene of your entire life, or else an especially happy, joyous, exciting, or wonderful moment in the story. Please describe this high point scene in detail. What happened, when and where, who was involved, and what were you thinking and feeling? Also, please say a word or two about why you think this particular moment was so good and what the scene may say about who you are as a person.

2. Low point.

The second scene is the opposite of the first. Thinking back over your entire life, please identify a scene that stands out as a low point, if not the low point in your life story. Even though this event is unpleasant, I would appreciate your providing as much detail as you can about it. What happened in the event, where and when, who was involved, and what were you thinking and feeling? Also, please say a word or two about why you think this particular moment was so bad and what the scene may say about you or your life. Please keep in mind if this scene involves a traumatic experience, you are in control of the interview. If at any point you need to stop, or want to stop, please let me know. I will be checking in throughout the interview and afterwards to make sure you are feeling safe. [Interviewer note: If the participant balks at doing this, tell him or her that the event does not really have to be the lowest point in the story but merely a very bad experience of some kind.]

3. Turning point.

In looking back over your life, it may be possible to identify certain key moments that stand out as turning points -- episodes that marked an important change in you or your life story. Please identify a particular episode in your life story that you now see as a turning point in your life. If you cannot identify a key turning point that stands out clearly, please describe some event in your life wherein you went through an important change of some kind. Again, for this event please describe what happened, where and when, who was involved, and what you were thinking and feeling. Also, please say a word or two about what you think this event says about you as a person or about your life.

4. Positive childhood memory.

The fourth scene is an early memory – from childhood or your teen-aged years – that stands out as especially positive in some way. This would be a very positive, happy memory from your early years. Please describe this good memory in detail. What happened, where and when, who was involved, and what were you thinking and feeling? Also, what does this memory say about you or about your life?

5. Negative childhood memory.

The fifth scene is an early memory – from childhood or your teen-aged years – that stands out as especially negative in some way. This would be a very negative, unhappy memory from your early years, perhaps entailing sadness, fear, or some other very negative emotional experience. Please describe this bad memory in detail. What happened, where and when, who was involved, and what were you thinking and feeling? Also, what does this memory say about you or your life?

6. Vivid adult memory.

Moving ahead to your adult years, please identify one scene that you have not already described in this section (in other words, do not repeat your high point, low point, or turning point scene) that stands out as especially vivid or meaningful. This would be an especially memorable, vivid, or important scene from your adult years. Please describe this scene in detail, tell what happened, when and where, who was involved, and what you were thinking and feeling. Also, what does this memory say about you or your life?

C. Future Script

1. The next chapter.

Your life story includes key chapters and scenes from your past, as you have described them, and it also includes how you see or imagine your future. Please describe what you see to be the next chapter in your life. What is going to come next in your life story?

D. Sense of Self

1. What does sense of self mean to you? How would you describe yourself?
2. What is it like living with the mind of someone with ADHD? What is it like living in the body of someone with ADHD? How does this impact your sense of self?
3. How would you define your spirituality? How does spirituality impact your sense of self?
4. Thinking of these definitions, themes and of your life story, how has ADHD impacted your story and vice versa? Experiences of trauma?

E. Life Theme

Looking back over your entire life story with all its chapters, scenes, and challenges, and extending back into the past and ahead into the future, do you discern a central theme, message, or idea that runs throughout the story? What is the major theme in your life story? Please explain.

F. Other

What else should I know to understand your life story?

Appendix B



Interested candidates should contact:

Jennifer Merrick, RSW at JMerrick@ucalgary.ca

ARE YOU AN ADULT (OVER 18) WOMAN WHO HAS BEEN LIVING WITH ADHD?

Your story is important and could provide a valuable contribution to ADHD research, theory, and social work practice.

I AM LOOKING FOR ADULT WOMEN WITH ADHD TO BE INTERVIEWED ON THEIR EXPERIENCES.

PARTICIPANTS WILL BE ASKED TO SHARE ASPECTS OF THEIR LIFE STORY IN AN IN PERSON OR ONLINE (COVID PENDING) 1.5 TO 2 HOUR INTERVIEW WITH A CLINICAL SOCIAL WORK MASTER'S STUDENT.

 UNIVERSITY OF CALGARY
FACULTY OF SOCIAL WORK

Appendix C

Welcome to the research project on sense of self in mind, body, and spirit; a narrative inquiry on women living with ADHD in Alberta, Canada.

Many thanks for expressing interest in this Masters level research with the Faculty of Social Work through the University of Calgary.

My name is Jen Merrick, I am a Social Worker employed in Edmonton, and I am completing my thesis on ADHD in women. I am drawn to this topic because I too have been diagnosed and feel that we do not have enough knowledge about how this impacts women such as yourself, and our sense of self, and the literature supports this claim.

This study is based on “the life story interview” which asks you to share your story by reflecting and sharing on certain experiences in your life. It is up to you what experiences you wish to share, but you will be asked about a high point, low point and turning point of your life. I am also interested in how ADHD impacts our sense of self in our body and our spirituality, as there is limited research on these topics. Spirituality may or may not include religion for individuals, and involves our sense of connectedness, meaning and purpose in life. Again, it is up to yourself what you might want to share about these things.

If you wish to participate in this study, I will set up a phone interview with yourself to discuss the objectives, confidentiality, exclusion criteria, consent and resources, as well as details of the processes involved in the interview, data collection and analysis. Your personal and contact information will remain anonymous for this study.

Please reply to this email with the best phone number and email (if it’s different than this one), to contact you at, and your availability for a phone call. I look forward to hearing from you should you be interested.

Sincerely,

Jennifer Merrick

Master of Social Work Student

Registered Social Worker, Bachelor of Social Work

JMerrick@ucalgary.ca

Appendix D

Safety plan and local resources

Though this study has potential for empowerment, there is potential for psychological distress when we tell our stories. This safety plan we will develop together to ensure you are aware of what to do should you feel distress.

Signs I am becoming distressed (i.e., nervous feeling, increased heart rate, feeling shaky, etc.)

How will I know when to stop the interview?

How will I inform the researcher?

What can I do should I become distressed? (i.e., breathing techniques, grounding techniques)

Supportive numbers I can call should I feel distressed:

If the zoom call gets dropped, I can be reached at this number:

Email:

Local Resource List

Crisis Services:

Alberta Health Services (AHS) - Access 24/7, Adult Intake Services	780-424-2424
Mental Health Help Line (24/7)	1-877-303-2642
Canadian Mental Health Association (CMHA) Distress Line (24/7) (4357)	780-482-HELP

Counselling (low / no cost):

Catholic Social Services - Mercy Counselling	780-391-3233
The Family Centre - Edmonton	780-423-2831
Drop-In Single Session Counselling	dropinyeg.ca
Jewish Family Services Edmonton	780-454-1194
Momentum Walk-In Counselling	780-757-0900
University of Alberta	
Faculty of Education Clinical Services (September - April)	780-492-3746
Psychologists' Association of Alberta Psychologist Referral Service	780-424-0294
For more counselling options available in your area	211