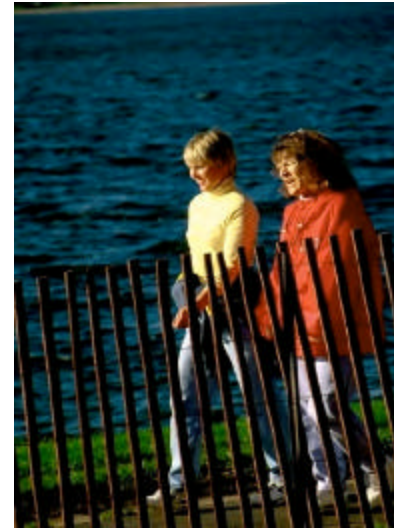


Women and AD/HD

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The majority of writing and research on AD/HD has traditionally focused on males, who were believed to make up 80% of all those with AD/HD. Now more and more females are being identified, especially since we have become more aware of the non-hyperactive subtype of AD/HD. Significantly, clinics specializing in the treatment of adults report a higher percentage of females than is found in clinics treating children with AD/HD. This development strongly suggests that girls, who are dependent upon parents and teacher to refer them for treatment, are being under-identified.



Women who suspect that they have AD/HD, however, still face a significant challenge in obtaining an accurate diagnosis. Professionals who are accustomed to diagnosing males with AD/HD may be prone to minimize, overlook or misdiagnose females with AD/HD. Because they tend to be less hyperactive, less defiant, more compliant, and prone to depression, they are more difficult to identify. The most common misdiagnosis is depression. The diagnosis of depression is often accurate, however the co-morbid AD/HD is typically overlooked.

AD/HD aside, we know that boys' activity levels, in general, are higher than those of girls are. Likewise, the tendency toward physically aggressive behavior is higher in boys than in girls. Thus, it only makes sense that hyperactivity and aggressive behavior among children with AD/HD would vary according to gender. Socialization patterns differ widely as well, with cooperation and verbal communication playing key roles in girl-girl relationships, while physical activity and the establishment of dominance characterize boy-boy relationship patterns. Given the female propensity for verbal communication, it seems reasonable that hyperactivity in girls may be expressed through verbalization rather than through physical movement. Girls are taught from their earliest days to be self-controlled, to be "nice," (i.e., to develop a constant effort to be pleasing to those around them) – social conditioning that may mitigate against AD/HD symptoms of impulsivity and hyperactivity, and may also predispose them to depression.

We, as yet, have no conclusive research on the differences in how AD/HD is manifested in females. However, it seems abundantly clear to those in clinical practice that females with AD/HD show different vulnerabilities and strengths due to a complex interaction of physiological and cultural factors. This article will look at some of those special challenges faced by women with AD/HD and some treatment approaches and life management strategies for dealing with them.

Challenges facing women with AD/HD

Self-blame – internalizing the criticism of others

For a woman with AD/HD, often her most painful challenge is a struggle with her own overwhelming sense of inadequacy in fulfilling the roles she feels are expected of her by her family and by society. Girls are raised to “internalize” – to take in and “own” negative feedback, to apologize, to accommodate, and not to fight back – in short, to take the blame. Boys, however, are typically raised to “externalize” – to fight when attacked, to see the problem as outside of them. These differences are described very tellingly in Sari Solden’s book, *Women with ADD*, in which she writes of “coming out of the ADD closet” of shame and self-blame.



Being the support system instead of having one

Both on the job and at home, women are often placed in the role of caretaker. While men with AD/HD are typically advised to build a support system around themselves, not only do few women have access to such a support system, society has traditionally expected women to be the support system.

Psychotherapy can help women recognize the impossibility of the “superwoman” role, and can help them give themselves permission to look for more realistic roles to play and to look for reasonable support from family, friends and co-workers. Many women struggle with low self-esteem and need to learn that they have the right to ask for assistance both at work and at home.

Single parenting

Divorce rates are close to fifty percent in the United States, and divorce becomes even more likely when AD/HD is added to the list of marital stresses. Following divorce, it continues to be predominantly women who are the primary caretakers of children. For women with AD/HD the challenge of single parenting is an even greater burden, resulting in chronic exhaustion, emotional depletion and sometimes overwhelming chaos. The demands of single parenting are enormous for any woman and can become almost insurmountable for a woman with AD/HD without treatment or supports.

Psychotherapy and women’s AD/HD support groups can provide tremendous support, encouragement and coping strategies for the single mother with AD/HD. She needs to give herself permission to ask for support from friends and family, and to demand financial and parental participation from her child’s father. Counseling and therapy can help her gain the self-confidence to advocate for herself in this very difficult situation.

How can women with AD/HD learn to better manage their lives?

We've focused on treatment approaches, including medication and psychotherapy, both of which can be tremendously helpful to women with AD/HD. There are many changes that women with AD/HD can make in their own lives to make them more ADD-friendly and to feel and function better. In fact, through coaching and therapy, the ultimate treatment goal is for women with AD/HD to learn to tackle the challenges presented by AD/HD and to develop strategies that they can implement in their personal and work lives.

Form or join a support group for women with AD/HD

Often the biggest struggle for women with AD/HD is an internal one. Societal expectations have been deeply ingrained. Breaking out of an impossible mold can take time and effort. Many women find support groups for women with AD/HD to be a powerful source of encouragement and understanding as they work to develop more realistic expectations of themselves, and to develop better strategies for dealing with difficult situations. These support groups can be very informal.

Educate significant others about AD/HD and how it affects them.

A husband may feel anger and resentment toward an ill-kept house or misbehaving children, assuming that his wife "just doesn't care." Parents of adult women with AD/HD may react judgmentally – questioning why their daughter's home is messy and why she may need more emotional, physical or financial help than her non-AD/HD siblings. Friends, with the best of intentions, may send subtly judgmental messages. To create a more ADD-friendly existence, a woman with AD/HD must work hard to educate all of the significant others in her world about the impact of AD/HD upon her, and about her efforts to take charge of these challenges. An ADD-friendly family is one in which all family members understand the impact of AD/HD and work together to find solutions. It's hard enough to be a woman with AD/HD without being surrounded by family and friends who blame her for her difficulties!

Create an ADD-friendly household

Not only do family members need to be educated about AD/HD and learn to support each other the household itself needs to be made ADD-friendly. ADD-friendly means low-maintenance, convenient, and stress-reduced. An ADD-friendly household has furnishings and floor coverings that are easy to maintain; it has easy, convenient places to hang keys, to store coats, backpacks, brief cases, etc., near the entry way, so that they aren't just tossed somewhere and misplaced. An ADD-friendly family recognizes that "Mom" can't do it all. Chores are assigned to all family members on the basis of preference and ability. ADD-friendly households are simplified. An ADD-friendly family is constantly on the watch for stresses that can be reduced or eliminated.

Learn to associate with ADD-friendly people

Associating regularly with other women with AD/HD gives women the message that they are not alone and that they can find understanding and acceptance from others. A second step is to take an inventory of other friends and associates in her life. A woman

with AD/HD needs to consciously seek people who appreciate her best traits and are supportive. She needs to take an inventory of the people in her life whose messages are negative and destructive and either educate them or reduce her contact with them.

Become an expert in stress reduction

Women with AD/HD are especially sensitive to stress, and tend to have more of it in their lives. For this reason, they also need to become experts at stress reduction. A “time out” on a daily basis is an essential stress reducer. It’s important to plan for them and make them a routine part of each day. Married women need to negotiate with their husbands to have an of-duty time each day to relax and regroup. Single parents, if possible, should arrange for a regular baby-sitter several times a week – and reserve these times to do something restful and rejuvenating. Single woman with AD/HD need to make sure that they build in time-outs as well. Even though they don’t have family responsibilities, single women with AD/HD have many stresses in their lives and are often prone to get too little sleep and schedule too many activities. In addition to time-out’s, yoga, stretching, regular exercise, and adequate sleep on a nightly basis are essential elements of stress reduction.

Eliminate and delegate

No one is good at everything. Women with AD/HD are typically prone to attempt to “do it all” and find themselves coming up short. These women need to focus on their strengths, and come to a comfortable acceptance that certain kinds of tasks are not their strong suits – tasks involving attention to detail, paperwork and routine maintenance tasks are often very difficult for women with AD/HD. As much as possible, these tasks should be eliminated or delegated. A good AD/HD coping strategy is to work harder at the things she loves and are good at in order to pay someone to take care of the tasks that often go undone.

Specialized parenting classes

Women with AD/HD who are the mothers of a child with AD/HD face special challenges. If she is a single parent those challenges are even greater. Children with AD/HD are far more challenging to raise than other children are. They need more structure and support, and often have special educational and psychological needs. It is important that these mothers with AD/HD themselves seek special support and training in how to work with and help their children.

These women also need the support and encouragement of other parents who really understand the parenting challenges they face. Parents who are raising non-AD/HD children may often react judgmentally when they see a child with AD/HD misbehave. What any parent of an AD/HD child knows is that these children don’t respond in the usual way to limits and punishments. Mothers of children with AD/HD have a super-challenging job. They need the best specialized AD/HD parent training they can find.



Putting it all together

With proper diagnosis and treatment, often a combination of medication and specialized therapy and/or coaching, women with AD/HD have the opportunity to move from a life of struggle and stress to a life of satisfaction and success. Women with AD/HD need to understand and truly accept themselves; to learn not to measure their success in terms of tidy closets, but to recognize and celebrate their gifts – their warmth, creativity, energy, humor, sensitivity and spirit. Their treatment should focus on helping them to create opportunities to become their best selves, and to seek out the company of people who can appreciate the best in themselves as well. Once they quit trying to force their foot into the glass slipper, they can tap dance at the ball!