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Navigating motherhood with ADHD: A qualitative exploration of women's experiences

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Declaration

I hereby declare that the work presented in this portfolio is entirely my own, under the supervision of Dr Julianna Challenor.

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Glossary

List of Abbreviations

ADHD	Attention Deficit Hyperactivity Disorder
BPD	Borderline Personality Disorder
CAMHS	Child and Adolescent Mental Health Service
CBT	Cognitive Behavioural Therapy
CFT	Compassion Focused Therapy
DBT	Dialectical Behavioural Therapy
GET	Group Experiential Theme
IPA	Interpretative Phenomenological Analysis
NHS	National Health Service
PET	Personal Experiential Theme
PND	Post Natal Depression
RSD	Rejection Sensitive Dysphoria

List of terms

Hyperfocus	Hyperfocus is a phenomenon often observed among individuals with ADHD that reflects one's complete absorption in a task, to a point where a person appears to completely ignore or 'tune out' everything else.
Masking	Masking is common among neurodivergent people and refers to hiding or suppressing certain aspects of identity in an attempt to “blend in” or “appear normal” and accepted in society.
Neurodiversity	Neurodiversity is an umbrella term used to describe the variation of human minds and refers to the range of neurocognitive functioning.
Neurodivergent	Neurodivergent is a term used to describe a person whose cognitive functioning “diverges” from the majority.
Neurotypical	Neurotypical refers to a person with typical neurocognitive functioning. The opposite of neurodivergent.

Neuronormativity	Neuronormativity refers to a set of norms, standards and expectations that assume there is a “correct” way of functioning, thinking and behaving
Rejection Sensitive Dysphoria	Rejection sensitive dysphoria (RSD) refers to the extreme emotional sensitivity and pain that is triggered by the perception that a person has been rejected or criticized by important people in their life, or by a sense of failing to meet their own high standards or expectations of others.

PREFACE

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Part A: DOCTORAL RESEARCH STUDY

Abstract

Little is known about the experience of motherhood for women with ADHD. The present study explores the lived experience of being a mother with ADHD utilizing Interpretative Phenomenological Analysis (IPA) as the methodological framework. Semi-structured interviews were carried out remotely with eight women between the ages 25-45, all diagnosed with ADHD in adulthood. Three Group Experiential Themes (GETs) were identified from the data: “challenges of mothering with ADHD”, “battle for the right support” and “if only I had known sooner!”.

The findings of this study highlight a three-layered challenge for mothers with ADHD: not understanding their difficulties due to a lack of diagnosis; stigma stemming from stereotypes and dominant discourses around motherhood, gender and ADHD; and ADHD in itself. The barriers mothers with ADHD face in accessing support and the importance of accurate diagnosis are highlighted. Post-natal depression is also considered. Despite the challenges, participants were able to reframe their difficulties and develop self-compassion following diagnosis, which also positively impacted the way they parent their child, and the parent-child relationship. Clinical and systemic implications were subsequently explored, and recommendations were made for the direction of future research.

Key words: *ADHD, motherhood, mother, neurodiversity, IPA, Interpretative Phenomenological Analysis*

Chapter 1: Introduction

I begin this chapter by positioning my research within a social, political and personal context. I will outline the recent advancements in ADHD research and clinical practice, whilst acknowledging the limited pool of knowledge that remains in this area. I will delve into my relationship with this research, which has inevitably shaped how I have approached my research question and made sense of my research findings. I will then explain why this area of research is relevant for the field of Counselling Psychology.

Placing the research in context

Nearly 40 years ago, the scientific and medical community were warned that girls with ADHD constituted a "silent minority" (Berry et al., 1985). To this day this remains mostly unchanged as girls and women are still less likely to be identified and formally diagnosed with ADHD. All too often they are misunderstood, misdiagnosed and left without the appropriate support. They are left to cope with feelings of confusion and the frustration of struggling with a nameless problem, often internalizing negative messages about themselves for years, resulting in poor mental health. In recent years, mental health and medical practitioners have acknowledged the disparity in ADHD diagnosis among women and girls (Young et al., 2020).

Historically, ADHD has been considered a "childhood condition". However, it is increasingly recognized that ADHD does not cease to exist at 18; it continues through adulthood. The UK National Health Service (NHS) has seen a surge in diagnoses of ADHD in adults in recent years. The aftermath of the COVID-19 pandemic and years of underfunding are believed to have contributed to the ever-increasing number of adults seeking assessment and support for ADHD (Smith et al., 2024). Responding to this unprecedented demand, in March 2024 NHS England announced the development of a new “ADHD taskforce” (NHS England, 2024). This aims to address the existing gaps in service provision that impact the wellbeing and quality of life of people with ADHD and their families. It also acknowledges the importance of collaborating with those with lived experience of ADHD, whose voices are frequently overlooked in service development and research.

The rapid increase in adults seeking an ADHD diagnosis has not gone unnoticed by UK mainstream media. Whilst some media outlets report accurate information and help increase public awareness of ADHD and the gaps in service provision, others continue to provide misinformation that may be harmful to people with ADHD. Misleading depictions of what it is like to have ADHD, going through the diagnostic process and managing symptoms with medication can perpetuate stereotypes and contribute to increased stigma. However, overall awareness of ADHD among the general public has improved and ADHD representation in online communities has become a significant source of information for the public (Eagle & Ringland, 2023). More and more women are starting to recognize themselves in descriptions of ADHD and begin the process of seeking a formal diagnostic assessment hoping to access support for their difficulties. Many women are diagnosed with ADHD as adults, at a time when they may be negotiating parenthood or have already started a family. Motherhood with ADHD is an area that has been missing in research, despite this being arguably one of the most significant life transitions a person can experience. Similarly, ADHD in mothers does not appear to be considered in clinical, educational or social care settings. There is currently no specific guidance pertaining to ADHD in the peri- and post-natal period in the UK (Public Health England, 2020). Narratives of ADHD motherhood mainly come outside of academia, as mothers share their experiences of ADHD in online peer support spaces, blogs, podcasts and social media.

Given the significant genetic component of ADHD (Magnus et al., 2023), it stands to reason that many mothers with ADHD will be raising children with ADHD- an idea that is not given much thought within child and adolescent mental health services (CAMHS). Through clinical experience it became evident to me that many mothers begin to recognize their own neurodivergence through their children's CAMHS journey. In my experience as a CAMHS clinician, completing ADHD screening forms such as the SNAP-IV and discussing their child's developmental history often prompted mothers to reflect on their own experiences. Many mothers recognized themselves when going through checklists that describe behaviours such as *"often is forgetful in daily activities"* or *"often interrupts or intrudes on others".* They shared stories of struggling with anxiety and low self-esteem but being dismissed by their GPs. Some mothers decided to pursue their own diagnosis sometime after their children were placed on the ADHD waiting list. For many mothers, this *"lightbulb"* moment presented an opportunity for them to make sense of their own experiences, something that is reflected in many of my participants' stories. Being able to understand themselves better seemed to have a significant impact on mothers' mental health, and how they understand and care for their children.

Researcher's position

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My position has also prompted me to reflect on whose voices get heard, and whose voices remain silent. Through this research, I wanted to stress the importance of the "nothing about us without us" idea that underpins the disability rights movement. Research in ADHD has traditionally been conducted by neurotypical researchers and has been lacking community-led voices in the most part. Centring the voices of neurodivergent people in research is key in developing an accurate understanding of their experiences and thinking about ways of improving their lives (Fletcher-Watson et al., 2021). Holding this epistemic position has influenced my choice of methodology, which I hope has allowed me to share the lived experience of the women that took part in this study. It has also been important for me to engage in inclusive research practices and include Expert by Experience involvement at various stages of the research process.

Holding the principles of neurodiversity and disability rights in mind informed the direction of my research process. A coalition of various organizations that support neurodivergent individuals, published their top 10 research priorities for neurodivergence (Embracing Complexity, 2024). These highlight the need for supporting neurodivergent individuals' mental health, addressing barriers neurodivergent people face when accessing mental health services, and reducing stigma and marginalization for neurodivergent people with intersecting marginalized identities. The present research study aims to address these concerns and gap in our current understanding.

Relevance to Counselling Psychology

Further research into the lived experiences of mothers with ADHD is relevant to counselling psychology for a number of reasons. Mental health difficulties, such as anxiety and depression, are common in women with ADHD (Williamson & Johnston, 2015). Furthermore, growing up undiagnosed can be traumatic and distressing for many people (Schrevel et al., 2016). Thus, it is likely that Counselling Psychologists will encounter women with ADHD in their clinical practice in various clinical environments. It is important that Counselling Psychologists who work with this client group can understand their needs more fully and inform their clinical practise in line with counselling psychology's inclusive and humanistic ethos (McLeod, 2015). An intention of this study is that it will enhance Counselling Psychologists' understanding of the maternal experience of ADHD women in order to support their emotional well-being in the peri- and post-natal period. Psychological support could be a useful way to address feelings of shame and difference resulting from stigma as well as the added challenges of parenting. Additionally, further understanding of maternal ADHD could be useful in settings like CAMHS, where neurodivergence can influence the whole family system.

The Division of Counselling Psychology 2021-2023 Strategic Plan (British Psychological Society [BPS], 2021) has highlighted its aims to promote systemic change and to positively impact public policy. As women with ADHD face several systemic barriers in accessing psychological support and mental health services, the findings of such research could also support Counselling Psychologists who work within public healthcare services to make improvements in service provision and promote accessibility at a systemic level. Finally, research that centres the voices of women with

ADHD will address a gap in the literature, promoting the commitment of the discipline of counselling psychology to inclusivity, equity and social justice.

A note on language

Stigma and stereotypes surrounding ADHD are reflected in the existing body of research, which tends to examine ADHD from a lens of deficit. The words “deficit” and “disorder” that are found in the name “ADHD” are laden with negative judgments. Some believe that the term “ADHD” may not capture the full experiences of what it is like to have ADHD (Hallowell & Ratey, 2024). Influenced by the neurodiversity paradigm, a shift towards the use of more inclusive language has been observed in recent years. A clear example of this is the advances that have been made within autism research, with guidelines for the use of language in research informed by the preferences of autistic people (Bottema-Beutel et al., 2021). However, there is currently no consensus on preferred terminology within the ADHD community. Anecdotally, the term “ADHDer” seems to be favoured by some, whilst others do not express a clear preference and use person-first (i.e. person with ADHD) and identity-first language (i.e. ADHDer, ADHD person) interchangeably. Throughout this thesis, I will mainly use the term “person with ADHD” and describe mothers as “having ADHD”, as this reflects the language choices of my participants. I have chosen to use terminology relating to ADHD that is accurate, non-stigmatising and respectful of various aspects of identity, guided by existing literature and guidelines (AADPA, 2022; NCDJ, 2021).

It is also important to note that in this study I have chosen to explore the experiences of "motherhood" rather than "parenthood". This choice has been influenced by the feminist viewpoint that recognizes that motherhood is a socially constructed role, that comes with gendered expectations making it inherently different from the role of "parent" or "father" (O'Reilly, 2019). The social expectations placed on mothers are different from fathers, thus making the experience of mothers distinctive and unique. However, it is important to acknowledge the high proportion of gender diversity among neurodivergent people and note that a number of individuals who are assigned female at birth and have ADHD might use non-gendered language (e.g. parent, person). It is also important to note that the intersection of ADHD and gender diversity has largely been overlooked. At present, there are no studies looking into ADHD in trans and non-binary people, and more research in this area is required. This is particularly important as research suggests that neurodivergent individuals are more likely to not feel aligned with the gender they were assigned at birth (National LGBT Health Education Centre, 2020).

Thesis outline

This thesis is comprised of 5 chapters as outlined below.

Chapter 1 is the current chapter that serves as an introduction to this research. It sets out the context of this study and highlights the gaps in literature and clinical practice.

Chapter 2 presents a critical review of the existing literature and introduces the research questions.

Chapter 3 explores the methodology that is used and outlines the research process. This chapter delves into ontological and epistemological issues and provides justification for the choice of Interpretative Methodological Analysis (IPA) as a means of inquiry. Each step of the research process is described, and ethical considerations are discussed. An assessment of the quality of this study is provided.

Chapter 4 presents the findings that resulted from the analysis. Group Experiential Themes (GETs) and subthemes are presented, and participant quotations are used to illustrate findings and deepen the reader's understanding.

Chapter 5 provides a discussion of the findings in the context of current literature and theory. Implications for clinical practice and suggestions for future research are also suggested. This chapter concludes with considerations of the strengths and limitations of this study and final reflections.

Chapter 2: Literature Review

Chapter Overview

In this chapter, I will situate my research within the existing literature. I will outline the current construct of ADHD and how our understanding has changed over the years. I will go on to explore ADHD in women, who have mostly remained absent from this body of literature until very recently. I will then explore our understanding of motherhood, and how this applies to women with ADHD and their experience of being mothers. I will conclude with the objectives of the study and the research questions that I hope to investigate.

This review identifies several commonly shared experiences among adults with ADHD, including stigma; the positive impact of diagnosis on identity and sense of self; and barriers to accessing diagnosis and support. It suggests that there is an added layer in the experiences of women with ADHD, as they face gender norms and expectations of a patriarchal society, that also influences their experience of pregnancy and motherhood. Finally, this review highlights the gaps in the literature of ADHD and motherhood.

Search Method

The literature that is reviewed is based on a comprehensive literature search using the electronic databases PsycINFO, Scopus, Academic Search Complete and PubMed. The combination of key terms used were “attention deficit hyperactivity disorder”, “ADHD”, “ADD”, “adults”, “women”, “mother”, “motherhood”, “perinatal”, “parent”, “female”, “experience”, “narratives”, “stories”. Articles published in peer reviewed journals and grey literature, including unpublished doctoral theses, were searched. Furthermore, relevant articles in key publications and reviews were also reviewed. The literature search was limited to studies published in the English language. I considered articles mainly from the past decade (2012 to 2024), as well as seminal papers from previous years.

The evolution of ADHD: How our understanding has changed

The Diagnostic and Statistical Manual of Mental Disorders (DSM-5) describes attention deficit hyperactivity disorder (ADHD) as a neurodevelopmental condition characterized by a persistent pattern of difficulty maintaining attention, hyperactivity, and impulsivity (American Psychiatric Association [APA], 2013). The diverse presentation of ADHD is reflected in the diagnostic criteria of both main classification systems currently used around the world: the DSM-5 (APA, 2013) and ICD-11 (World Health Organisation [WHO], 2022). Assessed against a number of behavioural criteria, individuals can be diagnosed with one of three subtypes: inattentive, hyperactive, or combined. Inattention is characterised by difficulties relating to remaining focused on tasks (e.g., chores), listening to others, being forgetful, being easily distracted, and remaining organised (APA, 2013). Hyperactivity is defined as fidgeting or tapping, being unable to remain seated or still when it is socially expected to be so, excessive talking and acting as if “driven by a motor” (APA, 2013). Impulsivity includes behaviours such as interrupting others, blurting out answers before a question has been completed (e.g. completing people’s sentences) or difficulties awaiting their turn (APA, 2013). In order to meet diagnostic criteria individuals must exhibit symptoms that have been present through childhood, in more than one environment and the symptoms must “interfere with, or reduce the quality of, social, school, or work functioning” (APA, 2013).

ADHD was first classified in DSM-II in 1968 as “Hyperkinetic Reaction in Children” and for a long time, it has been considered a condition that predominantly affects children and young people. However, a growing body of literature shows that ADHD symptoms persist in adulthood (Rösler et al., 2010) and this understanding is reflected in recent changes in the DSM-5 (Epstein & Loren, 2013). In these revisions, the number of symptoms required for older adolescents and adults to reach a diagnosis of ADHD was reduced from six to five. Additionally, the age of onset of ADHD symptoms was increased from “before 7 years” to “by 12 years of age” (APA, 2013). These changes acknowledge our current understanding that ADHD continues in adulthood and have made the diagnostic criteria more applicable to older adolescents and adults. This has allowed more adults to access the diagnostic process. The current estimates of adults diagnosed with ADHD vary between 2.2-6.7% globally according to various sources (Song et al., 2021). The National Institute for Health and Care Excellence (NICE) estimate that approximately 3-4% of adults in the UK are diagnosed with ADHD (NICE, 2019). However, these numbers refer to individuals who have been identified and formally diagnosed, which suggests that numbers may be higher if we consider issues that remain in the classification and diagnosis of ADHD, such as gender and cultural biases.

The aetiology of ADHD has not been clearly identified, though it is widely acknowledged that there is no single cause of ADHD. It is believed that a variety of genetic and environmental factors, and their interplay influence ADHD (Thapar et al., 2007; Magnus et al., 2023). There is robust evidence that suggest a genetic component to ADHD. A meta-analysis of twin studies estimates the heritability of ADHD to be between 77%-88% (Faraone & Larsson, 2019; Grimm et al., 2020). This provides an understanding that ADHD runs in families, and it is likely that children with ADHD may have parents with ADHD (Thapar, 2018; Thapar & Rutter, 2015). However, it is important to acknowledge that non-inherited factors may also be implicated in the development of ADHD. Environmental risk factors (e.g., alcohol or nicotine exposure in utero, low birth weight, diet) have been associated with subsequent diagnoses of ADHD, though these associations are not accepted as causal (APA, 2013; Hinshaw et al., 2021). ADHD is defined as a neurodevelopmental condition, which implies a neurological basis to ADHD (WHO, 2021; APA, 2013). Neuroimaging studies suggest that there are structural distinctions and differing neurotransmitter activity patterns in several brain regions, however most of these studies have small sample sizes and mainly involve children with ADHD (da Silva et al., 2023; Purper-Ouakil et al., 2011).

Whilst the way we understand ADHD has significantly changed and evolved, it is evident that further research is necessary to aid our understanding. We now know that ADHD is a lifelong condition, that affects men and women. It is also understood that the way ADHD has been positioned can potentially lead to exclusion and marginalization, particularly in women and people of colour (Shi et al., 2021).

Stigma and ADHD

ADHD has traditionally been examined from a positivist perspective. For years, research on ADHD has revolved around deficits, focusing on impairments and adverse outcomes linked to the diagnosis. However, it is important to acknowledge the high co-occurrence of ADHD and other mental health difficulties, such as anxiety, low mood and difficulties in emotion regulation (Katzman et al., 2017). According to data shared by the Royal College of Psychiatrists (2017) co-occurring mental health conditions are common in people with ADHD: rates of up to 33% co-occurrence with anxiety conditions; 63% co-occurrence with depression; and 20% co-occurrence with bipolar affective disorder. Additionally, research suggests that there is a link between ADHD and eating disorders, particularly bingeing and purging behaviours (Svedlund et al., 2017). The existing literature also shows that people with ADHD are twice as likely to use substances. Whilst the link still remains unclear, it is thought that impulsivity, a core feature of ADHD, and the need for self-medication might play a role in this (Zulauf et al., 2014). Further affecting quality of life, sleep problems are reported in about 25-50% of people with ADHD, which as a result impacts day-to-day life (Wajszilber et al., 2018). It is also widely recognized that ADHD and other neurodivergence frequently co-occur (Bonti et al., 2024). Co-occurring autism and ADHD are particularly common, as it is estimated that approximately 40%–70% of autistic people also have ADHD (Rong et al., 2021), whilst up to 50% of those with ADHD are also autistic (Hours et al, 2022).

Additionally, ADHD and trauma share many similarities in how they present, often leading clinicians and researchers to question “which came first?”. ADHD is often found to co-occur with PTSD (Siegfried & Blackshear, 2016). A growing body of research exploring this complex relationship suggests that childhood ADHD is a risk factor for future trauma and PTSD (Biederman et al., 2014). In addition, some studies suggest that children with ADHD are more likely to have experienced developmental trauma and adverse childhood experiences (ACEs) (Brown et al., 2017; Holmes et al., 2021). A recent review by Wojtara et al. (2022) acknowledges the high co-occurrence between ADHD and ACEs, however it highlights that limited available research on brain structure and development, publication bias and the heterogeneity of ADHD presentations makes it difficult to fully understand the relationship between them. Whilst the relationship between trauma and ADHD is complex and remains not well understood, it can be suggested that living in a world designed for neurotypical people, many neurodivergent people may experience unique stressors that can be considered adverse or traumatic (Dodds, 2021; Grove et al., 2023).

Whilst it is important to acknowledge the serious implications and co-occurring mental health conditions that individuals with ADHD may have, it is evident that the majority of

ADHD research has focused on this. In addition to the deficit-focused lens of research, stigma and misconceptions surrounding ADHD also remain prevalent among the general public and healthcare professionals (Kooij et al., 2019; Nguyen & Hinshaw, 2020). Denying ADHD as a condition, claiming that ADHD is a result of the pharmaceutical industry pushing for over-medication or that it is simply “laziness” and “bad behaviour” are common stereotypes attributed to ADHD. Additionally, discourses that question the existence of ADHD and attribute ADHD traits to trauma are also prevalent (Honkasilta & Koutsoklenis, 2022). These stereotypes and assertions trivialize and minimize ADHD, and as a result individuals with ADHD often internalize the stigma coming from deficit-based messages that surround the condition (Mueller et al., 2012). It is notable that children with ADHD can hear more than 20,000 negative messages in school alone by the time they are 10, hugely impacting their self-esteem (Jellinek, 2010). Further misconceptions and stereotypes around race, culture and gender can lead to people with intersecting marginalized identities being misdiagnosed or completely missed (Shi et al., 2021).

Research has found that individuals diagnosed with ADHD have mixed feelings relating to their diagnosis. A study of narratives of individuals who were diagnosed in adulthood was conducted by Fleischmann & Miller (2013). They used Labov’s textual analysis method to analyse stories that were expressed as personal narratives found online. They found that individuals tended to internalize negative views that were reflected in their social environment, which contributed to self-stigma and a negative view of self. However, once they received a diagnosis people appeared to gain a better understanding of themselves, their strengths, and challenges. This resulted in the ability to construct a more positive sense of self. Stenner et al. (2019) explored the construction of identity in women following an ADHD diagnosis. Their findings indicate that participants were able to be more forgiving of their ADHD characteristics following their diagnosis, suggesting that the diagnosis itself had a positive impact in their self-esteem. Young et al. (2008) illustrate that the ADHD diagnosis had a profound psychological effect on participants' self-perception, allowing them to reframe their past experiences through a different lens. They describe a process of emotional adjustment that participants experienced when coming to terms with their new diagnosis, characterized by a range of emotions such as confusion, sadness, grief and acceptance. A qualitative study by Young et al. (2019) that is consistent with previous research further highlights a "dilemma" that participants had to negotiate: an ADHD diagnosis allowed access to formal support, provided a sense of belonging and was beneficial for acknowledging and potentially reframing their experiences. However, the permanence of having ADHD and feeling stigmatized by others remained a struggle (Young et al., 2019). This body of research offers insight into how individuals perceive their ADHD and can provide useful information regarding the advantages of a timely diagnosis. However, it is important to note that it is an area that remains under-researched and may represent a small sample of adults living with ADHD who may be managing life more efficaciously.

Even though a diagnosis of ADHD may have a positive impact, many individuals continue to live their lives for years without formal identification. Navigating life with undiagnosed ADHD can be challenging and may have a significant impact on quality of life and self-esteem (Able et al., 2007). A study by Schrevel et al. (2016) utilized focus groups to explore the experiences and needs of adults diagnosed with ADHD. Out of the 51 participants, 54% identified as female. The following main themes emerged: feeling powerless with regards to controlling their emotions, thoughts and behaviours; lack of being understood by others; and a combination of low self-image and high expectations. The study suggests that participants' difficulties were linked to their social environment, understanding of the condition and acceptance by others. It is noteworthy that participants in this study had received their diagnosis within the past 2 years and perhaps were still in the process of coming to terms with this. Overall, the findings of this study highlight the impact of societal stigma on identity and self-esteem and call for a more person-centred, strength-based approach to supporting adults with ADHD. Experiences of rejection, failure and feeling stigmatized from an early age can have a significant impact on the well-being of people with ADHD (Powell et al., 2020; Simmons & Antshel, 2020). Beaton et al., (2020) suggest that individuals with ADHD may internalize perceived criticism making them more self-judgmental with low levels of self-compassion. Building on this research, they further highlight the importance of self-compassion in individuals with ADHD. The findings of their study of 543 adults with ADHD and 313 adults without ADHD, suggest lower self-compassion resulting in poorer mental health in the former group (Beaton et al., 2022b).

Overall, it is evident that stigma surrounding ADHD is significantly high. Stereotypes and misconceptions can become a barrier to diagnosis, and the experience of growing up without a formal diagnosis can have a negative impact on the self-esteem and wellbeing of individuals with ADHD. Chronic stress resulting from societal stigma, discrimination, and internalized negative beliefs has been described as minority stress (Meyer, 2003).

The minority stress model is a well-researched theory used to conceptualize wellbeing and mental health disparities among sexual and gender minority groups (Frost & Meyer, 2023). Recent empirical studies have extended this model to try to understand how stigma and camouflaging influence the mental health of autistic individuals (Botha & Frost, 2020; Perry et al., 2022). Rivera and Bennetto (2023) present a theoretical review that further explores how the minority stress model alongside social identity theory complements the social model of disability and neurodiversity movement. In similar patterns observed in other marginalized groups, including autistic people, people with ADHD also experience misunderstanding, negative stereotypes about laziness or being irresponsible, and punitive responses to behaviours outside of neurotypical norms. These experiences can lead to internalized shame, decreased self-esteem, and heightened anxiety which in turn may contribute to mental health disparities and increased vulnerability to trauma.

ADHD and neurodiversity

The neurodiversity movement provides a strong voice against dominant pathologizing narratives. In the late 1990s, sociologist Judy Singer coined the term "neurodiversity" to describe the neuro-cognitive variability that naturally occurs as part of human biology (Singer, 1998). Based on the concept of biodiversity, neurodiversity conceptualizes differences in brain function and behaviour as part of the normal range of human variation. This challenges the traditionally held view that neurodevelopmental conditions are inherently pathological and should be cured.

Neurodiversity can be considered as a bridge between the mental health survivors' and disability rights movements. It aims to amplify the voices of neurodivergent individuals, promote strength-based approaches to interventions and highlight issues of power and oppression that neurodivergent people face in society (Walker, 2012). Initially, the idea of neurodiversity became popular among autism activists in online mental health spaces who wanted to challenge the dominant ways in which autism was classified. According to Graby (2015, p.231) neurodevelopmental conditions such *"ADHD, dyslexia and dyspraxia have been part of the neurodiversity movement from the start"*, a statement that highlights the inclusive nature of neurodiversity. Despite this, neurodiversity has often been criticised for lacking perspectives from other neurodivergence beyond autism (Bertilsdotter Rosqvist et al., 2020). In the recent years, the neurodiversity movement has been gaining momentum and the term "neurodiversity" has become embedded in the mainstream, and is used more and more in the media, and the contexts of education and mental health.

Within the neurodiversity paradigm, ADHD can be understood as a part of human variation that comes with both strengths and challenges. In a study by Andersson Frondelius et al. (2019) ADHD is acknowledged as a reality with positive and negative sides, rather than being viewed as a problem that needs to be fixed. The dominant deficit-focused perspective of ADHD can overlook people's strengths and further contribute to the existing stigma that surrounds ADHD. As the neurodiversity paradigm has become more prominent, a shift to a non-pathologizing perspective has been more noticeable. Some authors have highlighted the importance of using a strengths-based positive psychology approach in research around ADHD, moving away from a deficit model (Climie & Mastoras, 2015). Very few studies have explored the strengths of individuals with ADHD. A study by Sedgwick et al., (2019) identified the following traits as positive aspects of adults with ADHD: divergent thinking, adventurousness, hyperfocus, nonconformist, self-acceptance, and sublimation. Bertilsdotter Rosqvist et al., (2023) note the importance of community-led research in the field of ADHD and re-frame cognitive differences in ADHD from a non-pathologizing lens. Overall, a neurodiversity-informed perspective of ADHD offers a more positive, holistic and empowering understanding of the experience of being a person with ADHD. It also emphasizes the importance of centring ADHD voices in research and healthcare decision-making processes that directly impact the lives of those individuals. It is important to note that this does not suggest an alignment with the discourse that "ADHD is a superpower", which can lead and perpetuate harmful ableist narratives.

Diagnosing and supporting adults with ADHD

In the UK, the National Institute for Health and Care Excellence (NICE, 2019) has published guidelines that support the identification of ADHD in adults and recommend treatment options that include pharmacological interventions, such as stimulant medication and psychological interventions (i.e., Cognitive Behavioural Therapy). For many people the diagnosis of ADHD can be a lengthy process. In many cases it takes the form of a *"postcode lottery"* due to inconsistencies in services across different areas of the UK (NHS England, 2024). The increasing number of adults seeking an ADHD diagnosis has been questioned by some, raising concerns about the potential over-diagnosis of ADHD (Paris et al., 2015; Safer, 2018). However, this not surprising considering the increased awareness of ADHD among the general public and marginalized groups, and the changes in diagnostic criteria (Abdelnour, 2022). It is possible that the debate of “overdiagnosis” may create additional barriers and contribute to the existing stigma of ADHD.

When looking at ADHD patient experiences in the UK, Matheson et al. (2013) found that the process of accessing diagnostic care and treatment has a number of challenges. A number of participants reported that they experienced lack of understanding by medical professionals and noted their poor awareness of adult ADHD. French et al. (2020) shed a light on the barriers that adults with ADHD face, including insufficient knowledge, misconceptions and stigma relating to ADHD within primary care. A survey carried out by the Royal College of Psychiatrists (2023) indicates that a high number of psychiatrists do not feel confident in the assessment of neurodevelopmental conditions, with 67% of respondents expressing their need for further training in this area. As Young et al. (2020) suggest, lack of knowledge and training among healthcare professionals is a contributing factor to adults, especially women, receiving a late diagnosis of ADHD.

Intervention options for ADHD include pharmacological and psychological support, though current guidelines place a significant emphasis on pharmacological interventions rather than exploring non-pharmacological options (NICE, 2019). Significant evidence suggests that pharmacological interventions for ADHD are useful in reducing unwanted ADHD traits across age groups (Faraone et al., 2021). Stimulant medication is generally considered to be a safe and effective option for individuals with

ADHD (Mechler et al., 2022). Medication tends to be the first port of call for managing ADHD, however this may pose the risk of medication being offered as the only option, without any additional or alternative support. The lack of available choices may be particularly problematic for people who cannot tolerate medication due to health conditions or age. Additionally, there is some evidence to suggest that ADHD medication may affect women differently depending on the stage of their menstrual cycle due to changes in oestrogen and progesterone levels (White et al., 2002; de Jong et al., 2022). Therefore, alternative options to medication management are vital.

Psychological interventions to support individuals with their ADHD are also considered. Systematic reviews have explored the efficacy of psychological interventions for ADHD, indicating strong empirical support for CBT (Fullen et al., 2020; Nimmo-Smith et al., 2020). These reviews also found evidence supporting mindfulness and Dialectical Behavioural Therapy (DBT), though this evidence is weaker due lack of available studies, small sample sizes and lack of suitable control conditions. A study by Matheson et al., (2013) suggests that whilst participants found CBT and counselling helpful, there are concerns around accessibility and stress the importance of making interventions more appropriate for adults with ADHD. It is also notable that participants seem to value group support, which might be an additional, cost-effective way of supporting individuals with ADHD. Previous research in adolescents with ADHD also indicates that group-based interventions are important in promoting a sense of connectedness and acceptance; supporting identity development; and reducing feelings of shame and self-stigma (Cantor, 2000).

Whilst psychological interventions can support people with ADHD, it is important to acknowledge that they are centred around certain standards, norms and expectations of a particular way of functioning (i.e. “neuronormativity”) and may perpetuate harmful practices for neurodivergent people (Bolton, 2023). Very little guidance has been produced for mental health practitioners on how to adapt therapy for neurodivergent adults, mainly by grassroots organizations and user-led research (National Autistic Society, 2021; Therapist Neurodiversity Collective, 2018). Chapman and Botha (2022) propose three key principles for neurodivergence-affirming therapy: conceptualizing dysfunction as relational rather than individual; addressing internalized stigma and encouraging an affirmative sense of neurodivergent identity; and resisting to default normalization. Shifting the focus of support from the individual to the environment is also suggested by many neurodiversity advocates and scholars (Pantazakos, 2019; Pantazakos & Vanaken, 2023).

Women with ADHD: A lost generation

ADHD has long been thought to be a condition affecting mostly boys and men, with the male-to-female ratio reportedly ranging from 3:1 to 16:1 according to various sources (Nøvik et al., 2006). It is believed that ADHD manifests differently in men and women. Men are more likely to exhibit symptoms of hyperactivity and impulsivity, whereas it is more likely for women to display an inattentive presentation (Young et al., 2020). Inattentive traits of ADHD may include daydreaming, forgetfulness, internalizing symptoms and low arousal, which can easily go unnoticed as they are less disruptive to others (Holthe & Langvik, 2017). Additionally, girls and women with ADHD may develop better coping strategies to manage difficulties resulting from their ADHD, and may strive more to hide challenges and live up to social expectations (Quinn & Madhoo, 2014; de Schipper et al., 2015). Research also has extensively focused on male samples, leading to a lack of gender specificity in diagnostic criteria and assessment guidelines. As a result, women and girls are often missed or misdiagnosed; women account for more than half of the adults being diagnosed with ADHD (Young et al., 2020). A notable example is described in a paper by Ditrich et al. (2021) who suggest that women could be misdiagnosed with Borderline Personality Disorder (BPD) due to the overlap of emotion dysregulation and impulsivity commonly seen in ADHD presentations. Consequently, in the recent years more research has started to look into girls and women with ADHD. This has brought to light a number of gender differences, such as internalizing difficulties, and lower self-esteem, and has highlighted the need for further research (Williamson & Johnston, 2015; Hinshaw et al., 2022).

Henry & Jones (2011) explored the experiences of older adult women who were diagnosed with ADHD after 60. A sample of 9 women aged between 60-91 were interviewed. Findings suggest that diagnosis and treatment helped women with self-acceptance, giving a name and meaning to their experience. It also helped them appreciate their strengths related to ADHD (e.g. creativity, resilience). Whilst this study provides insight into older women's experiences and the significance diagnosis had for them, it is important to note that the participants were a homogenous group with all women having an additional diagnosis of depression and 78% of women identifying as white. Further research with a more diverse group of participants is needed to provide a more representative experience for a range of women with ADHD.

As mentioned earlier, there are significant racial and ethnic disparities in the diagnosis of ADHD, due to perceived discrimination and stigma, and structural barriers within healthcare systems (Bailey et al., 2014). These disparities are also reflected in the body of ADHD research, which is predominately comprised of white participant samples. Only one study was found that focused specifically on the experience of Black women. This case study explored how the late diagnosis of ADHD impacted the life of a Black woman in her late 30s (Waite & Ivey, 2009). It described the negative effects that undiagnosed ADHD had on her early years, marriage, family and career. Similar to other studies, it showed how receiving a diagnosis helped the woman understand herself better, ask for support and find ways of managing her ADHD-related difficulties. Authors also discuss racial stereotypes which act as barriers to getting a diagnosis and the appropriate support. Notably, there has not been any further literature on the experiences of Black women since 2009, a group that is often marginalized in society and underrepresented in research. Diversifying participant samples and capturing the experiences of women through an intersectional lens with regards to socioeconomic status, ethnicity and race is vital.

Stenner et al. (2019) interviewed 16 women and used thematic decomposition to analyse their data. It is noted that both formally diagnosed and self-diagnosed women participated in the study. The study suggests that the diagnosis offered women the opportunity to reconstruct their past “troubled” identity and enabled them to accept themselves in a more positive way. Another study by Holthe & Langvik (2017) examined the experiences of women diagnosed with ADHD as adults. A small number of women (n=5) participated in semi-structured interviews that were analysed using thematic analysis. One of the main themes that resulted from the analysis was the experience of living with undiagnosed ADHD, which highlights the lack of awareness of ADHD in girls and women. Moreover, the way participants conceptualize the condition, either positive or negative seemed to affect how they experience the impact of ADHD in their lives. However, it is important to note that the women who participated in the study were all highly educated, employed women, who are married or in a relationship and have at least one close relative with ADHD. This could suggest that they have a strong social support system, financial stability, and a better understanding of ADHD, which might not be reflective of the experiences of women from lower socio-economic background or who are not familiar with the condition. Another important implication of the study was the exploration of gender-specific issues, such as the social norms and expectations of being a woman and the conflicting symptoms of ADHD (e.g. "hyperactive", "impulsive", "disruptive"), which added to the experience of stigma and social judgment.

Another paper that addresses the social expectations of being a woman in relation to having ADHD is a critical discourse analysis by Winter et al. (2015). The authors explored the online rhetoric of ADHD in women using YouTube videos. The videos were comprised of testimonies of women with ADHD and healthcare professionals. The authors hold a critical stance on the diagnosis and their analysis suggests that ADHD is a societal construct that is offered to women as a justification of "underperformance". The authors appear sceptical when it comes to medication, which based on their analysis, they suggest upholds and reinforces the role of "being a superwoman" in terms of career and home life. One possible implication of these findings is that the societal expectations for how women should behave might pathologize certain behaviours that are outside of the norm (e.g. not paying attention, interrupting others, being “loud”). However, it is also noted that all women in the videos described that the diagnosis had a positive impact on their lives, something that does not seem to be discussed in the paper. It is therefore important to bear in mind possible researcher bias when interpreting these findings, as the authors do not provide their reflections on their own scepticism around ADHD.

Motherhood and ADHD

Frameworks for understanding motherhood

The transition to motherhood is a major life event. The addition of a new family member inherently results in increased pressures, such as navigating the management of new household tasks and childcare responsibilities whilst adjusting to changes in the roles within the family system (McGoldrick et al., 2011). During this time women experience major physical, psychological and social changes, in addition to taking on new roles and responsibilities (Razurel et al., 2011). A large body of research describes motherhood as a “disruption”; a transformative journey characterized by fundamental changes to mothers’ social and personal identity (Bergum, 1989; Reveley, 2019). Sevon (2009) describes the transition to motherhood as a “turning point”, which changes how a woman understands her body, her self and her relationships with others. There is no one definition of motherhood; the meaning associated with being a mother varies across historical, cultural and political contexts (Allen, 2006). The transition to motherhood is a multifaceted and intricate experience, representing a distinct and transformative journey for each individual mother. The identity shift experienced by women when they become mothers is well documented in the literature (Laney et al., 2015).

Motherhood has been extensively examined within sociology and feminist scholarship. De Beauvoir argues that motherhood often leads to the objectification and systemic oppression of women (1952). She suggests that the traditional notions of motherhood significantly impacted women’s independence as they confined them to the home and forced them to forego their own interests and focus on childrearing. Motherhood is frequently seen as the ultimate purpose and fulfilment of a woman's life, representing the pinnacle of female identity (McQuillan et al., 2008). Arendell (2000) reports on theories and conceptualizations of motherhood, acknowledging that motherhood is often thought of as an intrinsic aspect of femininity, linked with ideas and expectations associated with being a woman. Often mothers are assumed to be the primary and sole caregivers for children, as caring for others is considered an inherently feminine quality (Allen, 2005). Child-centred approaches to motherhood assume that the identity of the “mother” transcends all other identities a woman may hold (Hays, 1996; Orenstein, 2000; Warner, 2005). Hays (1996) describes this as *“intensive mothering”,* a set of practices with a child-centred focus that praises elements of perfectionism and self-sacrifice in mothers, and views motherhood as something natural and instinctive. O’Reilly (2019) asserts that *“mothers need a feminism on their own”,* describing this as “matricentric feminism”. Her work recognizes mothering as important work that is valuable to society and critiques the traditional assumption that motherhood comes natural to women and therefore women should be sole carers for children (O’Reilly, 2016; O’Reilly, 2019).

Over the years the field of psychology has contributed to the continuation of societal pressures and expectations placed on mothers through theories revolving around the mother-child relationship (O’Reilly, 2016). Freudian and post-Freudian theory emphasizes the importance of the relationship between mother and infant in the first few years of life in the psychological, emotional and social development of the child. Melanie Klein, building on Freud’s work, places a great emphasis on the relationship of the infant and primary care giver, usually the mother (Frosh, 2012). Winnicott coins the term “good enough mother”, which is a central element in his understanding of child development. Whilst he acknowledges that perfection is unattainable, he states that a "good-enough mother" is necessary for the newborn to support them in developing a healthy sense of self and independence (Winnicott, 1965). Attachment theory, developed by Bowlby (1969), further stresses the importance of early childhood relationships with primary caregivers, especially the mother. He asserts that forming strong emotional attachments sets the foundation for a healthy emotional development later in life and disruptions in relationships with the primary caregiver can have a long-term impact on a person’s emotional wellbeing. According to his idea of “maternal deprivation” the absence of a warm and intimate relationship with the mother in the first 30 months of life could be harmful for the child’s emotional development (Bowlby, 1953). These theories perpetuate gender norms that require the mother to be the primary caregiver, the one solely responsible for the child’s wellbeing and development.

Whilst parental mental health is important when considering children's emotional wellbeing, it is important to acknowledge that psychological theories have been used to place the blame for children's mental health difficulties on mothers. Notable examples that gained popularity between 1940-1990 include the concept of "*the schizophrenogenic mother",* who was thought to be the cause of schizophrenia to her offspring (Neill, 1990) and the idea of *"the refrigerator mother"* who was blamed for causing autism to her child (Kanner, 1949).

Norms and expectations of what motherhood "should look like" rarely includes disabled mothers. Whilst idealized motherhood is unrealistic and potentially blaming for all women, it can can create unique challenges for disabled mothers that can be difficult to navigate (Malacrida, 2008). Daniels (2018) critiques dominant notions of motherhood that overlook the intersection of motherhood and disability, while Kisner (2010) highlights that the societal expectations placed on mothers are typically based on non-disabled women. A limited body of research has explored disability and motherhood (e.g. d/Deaf mothers, mothers with learning disability) and has highlighted added emotional challenges and difficulties in accessing healthcare (Hevesi & Theodore, 2024; Luton, 2022). Winnard et al. (2022) provide insight into the experience of autistic motherhood. Their findings suggest that specialist parenting support focused on the specific needs of autistic women is important, and provide guidance for healthcare professionals working with autistic mothers.

Motherhood with ADHD

The literature exploring ADHD and motherhood is sparse, and often comes from the viewpoint of mothering a child with ADHD (Theule et al., 2013; Johnston & Mash, 2001). Mothers with ADHD have been overlooked in the literature, despite research that suggests that many children with ADHD will have at least one parent with ADHD (Starck et al., 2016). A qualitative study by Holthe & Langvik (2017) highlights the theme of motherhood as an important aspect in the experiences of women with ADHD, and acknowledges that mothers with ADHD face a number of challenges, such as parenting skills, stress, fear of judgment and guilt. Lassinantti and Almqvist (2021) attempt to explore motherhood ideals as experienced by mothers with a diagnosis of ADHD. Drawing on empirical data from Swedish women with ADHD analysed with a narrative methodology, they highlight gendered expectations and cognitive responsibilities linked to motherhood, such as organization and household tasks.

Many studies focus on ADHD in relation to pregnancy and medication. A systematic review by Kittel-Schneider et al. (2021) explored parental ADHD in pregnancy and the post-partum period. Their review consisted of 32 papers of a broad variety of studies suggesting moderate and moderate-to-low evidence due to the paucity of research in the area. Their findings suggest that parental ADHD may impact the early interactions between mother and child in mixed ways. Specifically, they found that maternal ADHD may lead to more warmth when parenting a child with ADHD, however parents with ADHD may also experience increased parenting stress, lax or over-reactive parenting, and high levels of “chaos at home”. Additionally, the safety of ADHD medication during pregnancy and the potential risks that are associated with this are important issues possibly affecting maternal mental health. A longitudinal observation cohort study by

Baker et al. (2022) examined the course of ADHD during pregnancy, focusing on the impact of using or discontinuing medication on the mental health of the mothers. The sample consisted of 25 women who were followed prospectively throughout pregnancy. Whilst the small number of participants does not allow for generalizability of the findings, the study provides insight on the impact of ADHD symptoms during pregnancy. It was reported that women who decided to stop ADHD medication during pregnancy were at higher risk of postnatal depression and reported a significant impairment in functioning within the family. It is important to note that the authors have declared the receipt of funding from a number of pharmaceutical companies, manufacturers of ADHD stimulant medication, which could indicate a more favourable position towards pharmacological interventions. Nevertheless, two important implications emerge from the study: the additional stressor of deciding whether to continue treatment during pregnancy and the impact of ADHD symptoms on the mental health and wellbeing of the mother.

Dorani et al. (2021) explored the link between ADHD and hormone-related mood disorders in women. Their study included 209 women (age range 18–71 years), out of which 89 women had at least one biological child. They found that women with ADHD had an increased risk of experiencing postpartum depression symptoms, compared to women without ADHD. As the study included retrospective reports, no distinction could be made with regards to the presence of depression before pregnancy, prenatally or post-partum. Andersson et al. (2023) describe ADHD as an important factor to consider within maternal care, as it has been found to increase anxiety and depression in the post-partum period.

Understanding what motherhood with ADHD entails is essential for all professionals working with mothers, families and children. Professionals must be aware that each mother's experience is unique and shaped by a variety of socio-cultural factors. Professionals will then be able to better support mothers, understanding how mothers' experiences influence maternal mental health (e.g. post-natal depression and anxiety) and in turn how this experience impacts the mother-child bond.

Research aims and objectives

This literature review suggests that there are significant gaps in the area of ADHD in women, particularly during the period of motherhood. The transition to motherhood is a significant life event that inherently affects individuals' lives in many ways, whilst the additional layers of gender and neurodivergence greatly influences this experience for women with ADHD. The societal expectations, increased demands of parenting, hormonal changes and the link of ADHD with post-natal depression and anxiety suggest a need for more research in this area.

Despite our evolving understanding of ADHD, significant stigma and stereotypes remain within our society, which often become a barrier in accessing diagnosis and support. As the need for research in women with ADHD is growing more prominent, it is evident that a more holistic, strengths-based and neurodivergent-affirming approach is needed when researching ADHD. Studies often focus on the negative aspects of the condition, contributing to further pathologizing and stigmatizing of ADHD, whilst overlooking the lived experiences of people living with ADHD (Horton-Salway & Davies, 2018). As mentioned previously, the voices of women with ADHD have remained unheard for a long time. The present study aims to centre women's voices and explore their lived experiences with a particular focus on the interplay between ADHD, gender and motherhood.

In this study, I aim to address these gaps in the literature and answer the following question:

"How do women with ADHD make sense of their experience of motherhood?"

This study aims to explore how women with ADHD make sense of their experience and identity as mothers with ADHD. A further interest of this study is to explore how they experience the challenges of mothering with ADHD; what has helped in this period of time; and whether a diagnosis has affected their experience of motherhood.

Chapter 3: Methodology

Chapter Overview

This chapter outlines the research methodology for this qualitative study exploring the experiences of mothers with ADHD. I will first discuss the rationale for the chosen methodology, including ontological and epistemological considerations. I will then introduce Interpretative Phenomenological Analysis (IPA) and discuss its theoretical underpinnings and limitations. Finally, I will provide an account of the research process, including ethical considerations, quality assessment and Experts by Experience involvement. The importance of reflexivity is highlighted throughout this chapter and reflections on the research process will be provided through the use of "reflective boxes".

Theoretical Framework

Rationale for choosing a qualitative methodology

Qualitative research provides an in-depth understanding of people's subjective experiences; it is *"concerned with meaning-making"* and is interested in understanding how people make sense of their lived experience (Willig & Rogers, 2017). With this study, my aim is to understand *"what it is like"* to be a mother with ADHD, and how women make sense of this experience. Given the exploratory nature of my research question, a qualitative methodology seemed most suitable as it allows me to understand and describe the experience of being a mother with ADHD through the rich accounts of participants' lived experiences. This is an area with minimal existing literature, therefore an attempt to fit this question in a quantitative framework would not have been useful and would not adequately capture how women with ADHD perceive their experience of motherhood.

Ontological and Epistemological Stance

To support the selection of an appropriate method it was important to consider the theoretical foundations underpinning this research, particularly ontology and epistemology. Ontology refers to the nature of reality and the assumptions we make to make sense of a phenomenon. Epistemology is concerned with the nature of knowledge; what it is, how we acquire it, how we justify it and how we communicate it to others (Crotty, 1998; Creswell, 2014). To frame our research design and create meaningful research, it is critical to identify our own philosophical stance as researchers (Darlaston-Jones, 2016). Below I outline how my own epistemological and ontological stance has shaped my study and guided my methodology.

As Willig (2013) notes it can be a difficult task to identify our own assumptions about the world. Reflecting on my own personal and professional experiences helped me understand how I positioned myself and how I wished to approach my research. I believe that there is a reality that exists, whilst I acknowledge that we construct our own versions of reality based on our experiences.

Ontological positions can be viewed as a continuum from realism to relativism (Willig, 2013). Realists propose that one reality exists, though this position itself ranges from naïve realism to critical realism. Naïve realists believe that reality can be understood using the appropriate methods, whilst a critical realist perspective suggests that aspects of reality can be captured through critical examination (Moon & Blackman, 2014). On the other hand, relativism proposes that reality is not one thing- many different interpretations of reality exist. From an ontological perspective, I feel that my philosophical stance is closely aligned with a critical realist position.

Ontology and epistemology are closely related and influence each other (Creswell, 2009). A positivist epistemological position asserts that objective knowledge can be gained, and it is typically associated with quantitative methods. On the other hand, social constructionism suggests that individuals create an interpretation of that is influenced by context (Crotty, 1998). From an epistemological viewpoint, it also makes sense to me that each individual makes their own interpretations of that reality influenced by the interconnecting systems that make up the social world around us (Bhaskar, 1978; Houston, 2010).

This philosophical stance has informed my research question. It is my view that ADHD is a real phenomenon, which is supported by a large body of literature in terms of its aetiology, its underlying neurological mechanisms and key features. It is also my understanding that each individual experiences ADHD differently. This has become apparent to me through personal experiences, clinical practice and reviewing the current literature. The reality of ADHD is constructed differently within different disciplines (i.e. psychiatry, psychology, neurology, education), it is temporally influenced, and experienced differently among genders, cultures and socioeconomic backgrounds. Critical realism has allowed me to understand that there are different realities in how ADHD is subjectively constructed and experienced among mothers. My interest in this research is the participants' subjective experiences of motherhood as women with ADHD, which will inevitably be influenced by their historical and cultural context. Therefore, it seemed fitting to employ IPA to explore my research question, as I intend to make sense of subjective realities of motherhood with ADHD.

Interpretative Phenomenological Analysis (IPA)

Theoretical underpinnings of IPA

IPA is a qualitative methodology that aims to examine the ways in which individuals make sense of their subjective lived experiences, recognizing that people perceive the world in different ways dependent on their context (Eatough & Smith, 2017). IPA is grounded in phenomenology, hermeneutics and idiography which will be described below, to provide further understanding and justification for its use.

Phenomenology

Phenomenology is interested in a phenomenon as it is consciously experienced by the individual in their socio-cultural context, rooted in the works of philosophers Husserl, Heidegger, Merleau-Ponty and Sartre (Smith et al., 2009). Husserl challenged the idea of an "objective reality", asserting that reality is what is experienced by consciousness (Howitt, 2019). Building on this, Heidegger (1967) highlighted the importance of context in an individual's meaning-making and argued that people's experiences cannot be separated from their context. This is echoed by Merleau-Ponty, whose work also focuses on the embodied nature of our relationship to the world and the other (Merleau-Ponty, 1962). Sartre's concept of "nothingness" stresses that things that are absent are as important in shaping an experience as that things that are present (Sartre, 1956). This stance establishes the importance of the lived experience, and how this is perceived and interpreted through our world, our context and relationships (Smith et al., 2009).

IPA is a suitable method for experiences that are complex, previously unexplored or poorly understood (McCormack & Joseph, 2018). Befitting my research question, IPA gave me the opportunity to get a close and detailed understanding of women's experiences of being mothers with ADHD, and how they made sense of this. This approach required me to shift from an objective understanding of motherhood with ADHD to reflecting on participants' perception of this experience (Smith et al. 2009). This involved *'bracketing'* my own knowledge and preconceptions in order to allow phenomena to speak for themselves. In contrast to traditional phenomenological inquiry, IPA acknowledges that researchers come with their own experiences and biases and encourages researcher reflexivity (Creswell, 2007).

Hermeneutics

Hermeneutics refers to the process of how experience is interpreted (Langdridge, 2007). As the name suggests, IPA is an interpretative method where the researcher plays an important role in trying to make sense of what the participant is saying (Smith & Osborn, 2003). The researcher attempts to understand the participants' experience through their process of interpretation and meaning-making, whilst the participants are also trying to make sense of their own experiences in a process termed "double-hermeneutic" (Smith et al., 2022). This process captures the hermeneutic commitment of IPA, which always involves the researcher's own interpretations of what is being said whilst remaining grounded on the data (Smith & Osborn, 2003). According to Smith et al. (2009), IPA combines an empathic approach with a hermeneutic of "questioning", as researchers want to adopt partly an "insider perspective" whilst they "stand alongside" the participants as they try to make sense of their experience.

Idiography

IPA is an idiographic approach, concerned with a detailed focus of each participant's unique experience. It always begins with the particular and any generalizations are based on this (Willig, 2021). The researcher focuses on each participant first, before moving on to explore convergence and divergence across participant accounts (Smith, 2011). IPA is interested in the portrayal of the individual experience and personal perspective, instead of making claims at the group level (Smith, 2004). Reid et al. (2005) suggest that "less is more" in IPA, meaning that fewer participants examined at a greater depth is always preferable to a broader, shallow and simply descriptive analysis of many individuals. This research has examined the accounts of 8 participants. The idiographic commitment will be represented in the analysis, by including pen portraits of each participant in order to highlight individual experiences.

Rationale for choosing IPA

IPA was chosen for this study for several reasons. First, the aim of this study is to obtain rich and detailed accounts of the lived experiences of women with ADHD and their experience of motherhood. IPA seemed a good fit as it is concerned with the lived experience of the individual and it is an approach well placed in examining major life transitions (Smith et al., 2022). Additionally, the ontological and epistemological position of IPA is consistent with the position of my research question which lies within critical realism. It is my position that reality can be understood differently according to how an individual experiences the world within their socio-cultural context (Willig, 2013). Social constructionism has influenced IPA as it acknowledges that the interpretation of the participants' experiences by the researcher will be influenced by their own social, cultural and political context (Larkin & Thompson, 2011). Finally, there is a gap in ADHD literature with regards to centring the individuals' lived experiences and the idiographic focus of IPA fits this purpose well. As a methodology, it is viewed as "giving a voice" to the individual experience (Larkin et al., 2006). This is aligned with my hopes for this study, as I wish to give a voice to those whose accounts tend to be marginalized or overlooked.

Considering alternative methods

Before selecting IPA a number of alternative qualitative approaches were considered: participatory action research, reflexive thematic analysis, discourse analysis and narrative analysis. Participatory action research is a collaborative approach to inquiry that involves the co-creation of knowledge between researchers and community members who have lived experience of social issues (Kemmis et al., 2014). Influenced by the disability movement, this method was fitting to my research question and aligned with my values and hopes for this research. However, I decided against using this method due to the time limitations of the three-year doctoral programme which would not have allowed me to do participatory action research justice. Reflexive thematic analysis was also considered. This approach focuses on identifying themes across the data from multiple experiences (Braun & Clarke, 2020). However, this would have resulted in broad descriptions, overlooking the idiographic element and detailed exploration of participant experiences.

Discourse analysis examines the ways in which reality and meaning is constructed within particular contexts through language (Willig, 2008). Whilst both IPA and discourse analysis value the role of language, the latter heavily relies on linguistic content to investigate how meaning is created (Potter & Wetherell, 1994). This emphasis on language and the "suspicious" nature of discourse analysis would have changed the focus of my research. As my interest was always the meaning making that participants attach to their lived experience, this approach was not suitable for the purpose of my inquiry. Finally, narrative analysis which also shares similarities with IPA was considered. Narrative analysis is concerned with the use of stories to construct identity (Riessman, 1993). However, as my main interest was the subjective meaning that people make of their lived experience, I found that IPA was the best fit for the purpose of this study.

Reflexivity

Researcher reflexivity is a central concept in qualitative research (Borcsa et al., 2021). It involves engaging in a form of critical thinking about who we are as researchers and how our subjective experiences and biases inform how we approach our research (Wilkinson, 1988). Reflexivity is particularly important in IPA, which recognizes participants' experiences are interpreted through the socio-cultural lens of the researcher (Willig & Rogers, 2017). The researcher in IPA is considered the primary tool for analysis; they are not merely an observer, but rather play an active role to interpretation, as highlighted in the guidance for conducting IPA (Smith et al., 2022).

Personal and epistemological reflexivity are two important aspects of the research process (Finlay, 2002). Personal reflexivity refers to how my own beliefs, identities, values and life experiences may have influenced and shaped my research. It also involves reflecting on how the research may have impacted on me as a researcher. On the other hand, epistemological reflexivity involves thinking about my theoretical assumptions, and their impact on my approach to research and my findings.

To explore my assumptions, interpretations and potential influences on my findings I employed the use of journaling throughout the process to record personal thoughts and feelings.

Limitations of IPA

Having outlined the rationale for using IPA, it is important to also acknowledge criticisms and limitations found in the literature. Whilst IPA seeks to understand lived experience, it does not explain *why* it occurs (Tuffour, 2017). However, according to Smith et al. (2022) it allows us to understand the context of the experience through the idiographic and hermeneutic process. Additionally, IPA places a significant focus on the use of language, the implication being that participants and researchers must have the necessary language to identify, describe and interpret experiencers (Willig, 2013). Therefore, the nuance of an experience may not be adequately captured if participants do not have the language to express their experience.

Reflective Box: Retrospective reflections following an ADHD diagnosis

Reflecting on the importance of language in the meaning-making and construction of the experience of being a mother with ADHD felt particularly relevant in this study. Only one participant had a diagnosis of ADHD prior to becoming a mother. All other participants were diagnosed after having a child. Participants provided a retrospective reflection of their experience of being a mother with ADHD, after receiving an ADHD diagnosis. This meant that their sense-making of their prior experiences of motherhood at the point of this study was influenced by their knowledge that they had ADHD. This made me reflect on women who are undiagnosed and how their experiences may differ as individuals who are not identified as having ADHD and do not have a diagnosis, may not have a language to verbalize their experience.

Research Procedure

Ethical Considerations

This study has been reviewed and received ethical approval from the Psychology Ethics Committee at City, University of London (ETH2223-0205) (see Appendix A). It was deemed as a low-risk study. It has adhered to the HCPC ethical guidance for students (HCPC, 2016) and the BPS ethical guidelines (BPS, 2018). All participants are over 18 years old and have been screened prior to interview to ensure that they are not currently experiencing psychological distress. All efforts have been made to minimize potential distress where possible. Prior to the interview participants were reminded that should they feel upset at any time during the interview, they could pause or stop the process.

Informed Consent

Informed consent is an important element of conducting ethical research (BPS, 2014). I ensured participants had multiple opportunities to consider participation and provide consent. At the point of initial contact, participant information sheets were provided outlining the aims of the research, what it would involve if deciding to participate, and how data would be stored and used (See Appendix B). Participants were asked to confirm they have read and understood the participant information sheet and were encouraged to ask questions if anything was unclear. Interviews were arranged at least 48 hours after the participant information sheet has been sent to the participants so that they have time to process the information and ask questions.

Participants were then asked to sign a consent form to participate in the study (See Appendix C). After they signed, I returned a copy signed by myself. Verbal consent was gained again prior to the beginning of the interview, along a further invitation to ask questions and clarifications. Before the start of the interview, I stated again that participants have the option to terminate or pause the interview at any stage.

Confidentiality

Confidentiality and its limits were addressed both verbally and in writing. As the interviews were held remotely practical and ethical issues were considered (Carter et al., 2021). I conducted the interviews in a private space with no other people in the building and I invited participants to use headphones to ensure their privacy. Participants were informed that they would be given pseudonyms, and that anonymized quotations may be used in dissemination of this study. To ensure participants' anonymity, any identifiable information will be changed in any published work. The age of participants and their children has been reported in the form of an age range to aid with anonymity. It was also explained to participants that if a participant was found to be at significant risk of harm to self or others confidentiality would need to be overridden to ensure their safety. No safety concerns were raised.

Responding to Distress

Prior to the interview I asked participants to share any specific needs or requests to ensure the interview process felt comfortable and safe. I acknowledged that topics covered in the interview may involve past upsetting experiences for participants. It was emphasised to participants that there was no requirement to reply to questions or discuss anything that made them feel uncomfortable. I considered utilizing my therapeutic skills of active listening and compassion to manage any distress that may come up. However, no participant reported feeling uncomfortable during the interview and none of the interviews were paused or discontinued.

Debriefing

Following the interview, participants were asked how they found participating and how they were feeling. All participants indicated that they found this a positive experience and expressed that they wanted to receive a copy of the final findings. It was explained that the study was interested in understanding how women with ADHD experience motherhood so that we can better understand and support their needs. Participants were asked if they have any questions or concerns following their participation and were provided with a copy of the debrief sheet (see Appendix D).

Data Protection

The handling of participant information is governed by 2018 General Data Protection Regulation (GDPR) and Data Protection Act (2018), which safeguards individuals' consent, processing and anonymisation of data (BPS, 2018). An encrypted, password protected device was used to conduct interviews. Participants' personal information, audio recordings and transcripts will be stored on City, University of London OneDrive. This information will be stored for 10 years in line with the University's regulations. Emails of individuals who expressed interest but did not participate were immediately deleted. All participants requested to receive disseminated study results and consented to the retention of their email addresses for this purpose. Transcripts have been anonymized and participants were allocated a pseudonym.

Right to withdraw

In addition to the information sheets highlighting the participants' right to withdraw, I reminded each participant at the end of the interview that should they wish to withdraw their data, they could contact me at any point up until the analysis process had begun.

Sampling Considerations

Mothers with ADHD were invited to participate in an online interview lasting approximately 1 hour. To be included in the study participants must be cis women over 18 years old who have a formal diagnosis of ADHD by a medical or education professional. They must live in the UK and have fluency in the English language. Participants must have given birth at least one year ago.

Table 1

Inclusion and Exclusion Criteria

Inclusion Criteria	Exclusion Criteria
• Cis women	• Individuals who are currently experiencing psychological distress
• Formal ADHD diagnosis	• Individuals who are currently pregnant or have given birth within less than 12 months
• Above the age of 18 years old	
• Fluency in the English language	
• UK-based	

Whilst it is recognized that the identity of a number of ADHD individuals who are parents might fall outside of the gender binary, this study will particularly focus on the gendered experience of individuals who identify as women. It is also important that the women participants are biological mothers and not adoptive mothers, as the hormonal changes of pregnancy and the post-natal period are of interest in this study.

For ethical reasons, it was proposed that potential participants who experience current distress (e.g. thoughts or plans of self-harm and suicide) would not be asked to take part in the study in order to safeguard them from potential distress. Participants were also required to have a good grasp of the English language as IPA is a method that focuses on the use of language for meaning making (Smith et al., 2009). Finally, as ADHD often co-occurs with mental health difficulties, including anxiety and depression, additional mental health needs did not constitute exclusion criteria in order to capture an accurate representation of the ADHD experience.

Reflective Box: First-time mothers or multiple children?

Several considerations were part of my decision-making process on the inclusion and exclusion criteria for this study. I had initially planned to focus on first time mothers only, excluding women who had more than one child. However, following the Expert by Experience consultation it became apparent to me that this would mean that many people would be excluded. As evidenced in the previous chapter, many women receive a formal diagnosis later in life thus it is not uncommon for women to be formally diagnosed for the first time in their mid-to-late 30s, possibly having more than one child at that stage in life. Excluding women with multiple children would not only have an impact on my recruitment process, but also overlook an aspect of the experience that I wanted to study, therefore I decided to amend my research question.

Participants

Six to eight participants have been proposed as an appropriate number of participants for an IPA study within UK professional psychology doctorates (Pietkiewicz & Smith, 2012). Eight participants were recruited aged 25-45 years old. Participants completed a short demographic questionnaire (see Appendix E). Apart from one participant, all women received their diagnosis after having children. Most participants identified as White British, with one participant identifying as Mixed White and Black Caribbean and another identifying as White European. Participants were selected on a first come, first served basis.

Table 2

Participant Demographics

Participant Pseudonym	Age range	Age at diagnosis	No of Children	Age range of Children	Ethnicity
Tabby	36-40	34	3	2-15	White British
Olivia	40-45	27	2	2-4	White British
Alice	40-45	40	1	12-15	White British
Carla	40-45	41	1	4-12	White European
Nadia	36-40	37	2	2-12	White British
Tia	20-25	23	2	4-12	Mixed- White & Black Caribbean
Lisa	36-40	34	1	5-12	White British
Charlie	30-35	34	1	2-4	White British

Reflective Box: Racial diversity

One of the main observations that I made following the review of the literature was the lack of ethnic and racial diversity in ADHD research. Despite attempts to recruit a diverse sample of participants (e.g. contacting relevant groups and charities), it is evident that my sample could have more racial and ethnic diversity. I also noted that potential participants who contacted me to register their interest were mostly white. Reflecting on this, I asked myself “Who has access to a diagnosis and who doesn’t?”. As evidenced in the previous chapter, there are significant racial disparities in the way that ADHD is constructed and diagnosed, and racially minoritised people (especially women) are less likely to be diagnosed with ADHD (Shi et al., 2021). Therefore, perhaps this is a reflection of the lack of access to identification and formal diagnosis that many racially minoritised women face. In hindsight, I wondered whether choosing to have a formal diagnosis as one of my inclusion criteria contributed to mostly white women being included in this study.

Expert by Experience Involvement

In the recent years funding bodies and research organizations have emphasized the importance of Expert by Experience involvement in mental health research (Trivedi & Wykes, 2002). Fletcher-Watson et al. (2021) describe the involvement of neurodivergent individuals in neurodiversity research as a “requirement for excellence”. This is particularly important in neurodiversity research, which has traditionally been conducted by neurotypical researchers, influencing the focus of research. To introduce an Expert by Experience involvement element in the study, in line with the ethos of counselling psychology, I aimed to have input from individuals with lived experience of ADHD or motherhood or both. The expectations and depth of involvement were outlined and mutually agreed at the outset to avoid later confusion or tension. The timeline of the study was shared to ensure that suggestions and proposals are realistic for this particular project.

I initially planned to contact the following groups or individuals for potential collaboration: a) the Service Users and Carers Group Advising on Research (SUGAR Group) within City, University of London b) relevant charities (e.g. the ADHD Foundation) and c) individuals from relevant online communities. Contact with these groups was attempted, however it was unsuccessful. Two individuals agreed to participate in a consultation following recruitment by word of mouth. The consultation focused on three areas. First, the wider topic of research was discussed. Second, questions that formed the interview guide were considered, to ensure they are relevant to the research question and that they are easily understood. Finally, study materials, such as the participant information sheet and recruitment flyer were reviewed to inform the language used and ensure that all material is accessible and lay-friendly. One consultant was an autistic and ADHD mother of 2 adult children and the other was an ADHD mother of 2 teenagers. Their insight was invaluable when thinking about how to phrase certain questions and how to break them down to make them more accessible. Following personal reflection and discussion with my supervisor, their suggestions were taken on board and informed the final version of the interview schedule and other study materials.

Recruitment Procedure

Recruitment took place via social media and online support groups between December 2022 and January 2023. Several UK-based Facebook groups were identified (e.g. UK Women with ADHD, Disabled Mums Group, UK Mums with ADHD) each comprising of approximately 2500 members, as well as a large online community on Twitter (e.g. #AskADHD, #ADHDTwitter). When approaching online groups, the group administrator was first contacted, and the flyer was posted once permission was gained. To actively recruit participants from racially minoritized backgrounds the only relevant UK-based support group was contacted, however they were not responsive. The ADHD charities ADDISS and The ADHD Foundation were also identified as a possible point of contact to enquire whether they can support with the promotion of the study.

A recruitment flyer providing information about the study was posted of the Facebook groups aimed specifically at mothers with ADHD (See Appendix F). The photo of the flyer was accompanied by alternative text to accommodate potential accessibility needs. The initial call for participants generated an overwhelming response. Approximately 50 individuals registered their interest within 48 hours of posting the flyer. At that stage the recruitment was paused, and 8 interviews were arranged on a first come first served basis.

Potential participants who expressed an interest in the study were sent initial information about the project, including the participant information sheet, and were asked to arrange a screening phone call. Participants who indicated a preference for written communication were offered a discussion via text or email as an alternative. All participants were given the opportunity to ask questions about the study or the participant information sheet. Participants were also asked about current distress or involvement with mental health services, however during the course of the study none of the potential participants indicated such concerns. Participants were encouraged to make contact if they had any additional questions prior to the interview.

Interviews

Individual semi-structured interviews took place online using Zoom or Microsoft Teams. Online interviews were preferred as opposed to face-to-face interviews due to the flexibility and convenience that they provide (Nehls et al., 2015). This increased accessibility as participants were mothers with childcare commitments and competing demands. Interviews were audio recorded using an encrypted, password protected device. A proposed interview schedule that guided the questions was initially created based on the literature search. Following consultation form Experts by Experience, I made changes based on recommendations and finalized the interview schedule (See Appendix G). This consisted of open-ended questions and prompts that were not prescriptive but used as a guide to allow rapport building with research participants, meaningful reflections and storytelling (Finlay, 2011). Participants' access needs were discussed prior to the interview and reasonable adjustments were offered. Most participants asked for questions to be repeated at times and one participant requested the questions in written form. Recognizing the mothers' childcare needs, I occasionally paused interviews when they needed to attend to their young children.

Data Analysis

IPA has established and well-defined protocols outlined by Smith et al. (2022) that can be adapted to meet the research objectives. It is recommended that the researcher immerses themselves in the data. This includes reading the transcripts several times and re-listening to the interview recordings to understand the participant's point of view. At this stage the researcher is advised to make comments and comprehensive notes which will later be transformed into individual themes. Later, the researcher looks for connections between themes that are clustered in similar groups and then checked against the original transcript (Smith & Osborn, 2003). These stages are repeated for each transcript and a final table will be compiled outlining the common themes that are found for each participant. Smith et al. (2009), describe this as a complex, creative and non-linear process which is intended to be followed in a flexible manner. Smith et al. (2022) suggested a new terminology of the stages of data analysis in the newest edition of their seminal work *Interpretative Phenomenological Analysis* (2009), as shown in Table 3.

Table 3

Stages of IPA Analysis

Stage	**Procedure**
1. Reading and rereading the text	This step involves the researcher immersing themselves in the original text,

	which is transcribed verbatim. It is recommended to listen to the recording alongside reading.
2. Taking initial notes	This step examines semantic content and language (e.g. by writing notes in the margins). This step often merges with step 1, as further notes can be added during subsequent readings.
3. Developing experiential statements	In this step, the researcher attempts to turn pieces of the text into experiential themes.
4. Searching for connections	Following of from the previous step, the researcher attempts to find patterns and connections across experiential statements.
5. Naming experiential themes	Themes are grouped together to form Personal Experiential Themes (PETs).
6. Moving to the next case	All above steps are repeated for each transcript.
7.Developing Group Experiential Themes (GETs)	In this final step, similarities and differences are noted across cases, as the researcher takes a deeper level of interpretation.

Process of IPA analysis

Following the completion of the interviews I used the process of analysis as outlined by Smith et al. (2022). (See Appendix H)

Step 1: Reading and re-reading the text

At this stage I immersed myself in the text, which enabled me to become familiar with the transcript and begin to have a sense of the participant's experience. Alongside reading the transcript, I listened to the interview recording several times. This allowed me to note certain aspects of the interview such as tone of voice, laughs, pauses, repetitions, metaphors and words that stood out. This process also helped me recall the use of body language and non-verbal communication.

Step 2: Exploratory noting

At this stage I began making a note of anything that struck me when reading the text and listening to the interview. I underlined words that stood out to me and used different coloured ink to categorise my notes into descriptive, linguistic and conceptual (Smith et al., 2022). I tried to stay as close as possible to my participants words.

Step 3: Experiential statements

At this stage I worked mainly with my exploratory notes as this felt more manageable, though there were times I needed to return to the main text. My aim was to capture a balanced reflection of what the participants were saying and what I understood to be the meaning (Smith, 2022). This was a deeper level of interpretation compared to the previous stage.

Step 4: Searching for connections across experiential statements

At this stage I started to look for connections across experiential statements to form PETs. As my data had grown substantially, I decided to photocopy the transcript and cut it up into sections of experiential statements. This allowed me to have a better view of the text and my notes. I moved them around and tried different arrangements, trying to find links, interrelationships and patterns between them in a process that represents an aspect of the hermeneutic cycle (Smith et al., 2022). I repeated this process, often taking long breaks and returning to the data with a fresh pair of eyes. Once I grouped the statements together, I gave them titles that captured my interpretation of the experience.

Step 5: Naming personal experiential themes (PETs)

The groups of experiential statements from the previous stage become each participant's PETs, reflecting the convergence of the experiential statements (Smith & Nizza, 2022). I named the themes and subthemes and moved them to a table. For each theme, I included direct participant quotes (See Appendix I).

Step 6: Continuing the analysis of other cases

I repeated the process described above for each participant.

Step 7: Moving from PETs to develop Group Experiential Themes (GETs)

After I completed all individual analyses, I began to search for patterns across all eight cases. I looked for convergence and divergence across participant themes as I attempted to make sense of the group experience.

Reflective Box: My role in the research process

As I moved further in the analytic process, I noticed the shift from the initial exploratory analysis that stayed close to the participants' accounts, to a deeper level of analysis and interpretation. Throughout the process I asked myself "How am I making sense of these women's sense-making?", engaging in the "double hermeneutic" (Smith & Osborn, 2008). I felt it was important to not lose the participants' meaning making of their experiences of motherhood with ADHD alongside my own interpretations. This was challenging at times, particularly as I was searching for convergence and divergence across participants and acknowledging that patterns could also be interpreted in other ways. My role as a researcher felt very active, as I decided which aspects of each participant's story, I presented in the GETs, thus potentially imposing my interpretation on what feels important enough to become a theme. At times, I found it difficult to make these decisions as I felt uncomfortable with the possibility of not doing justice to the stories these women shared with me.

Quality and Evaluation

Yardley (2000) proposes four core principles for evaluating qualitative research and are recommended as most appropriate for the evaluation of IPA studies (Hefferon & Gil-Rodriguez, 2011). Therefore, they will be used to assess the quality of the present study.

Within this framework the following principles are identified: sensitivity to context; commitment and rigour; transparency and coherence; impact and importance (Yardley, 2000).

Sensitivity to context

Throughout this research process I have been mindful of participants' socio-cultural context as women who are mothers and have a diagnosis of ADHD. In the literature review I explored historic and current discourses around ADHD, womanhood and motherhood, allowing me to contextualize my research question and highlighting the gaps in knowledge about the experience of being a mother with ADHD. The use of IPA helped me show sensitivity to context as it acknowledges that people's meaning making is impacted by societal and contextual influences (Smith et al., 2009). I have drawn upon these influences as I attempt to interpret and make sense of participants' experiences. Furthermore, Smith et al. (2009) suggest that the idiographic nature of IPA can be considered as showing sensitivity to each participant's context through analysing detailed accounts of their lived experience. Finally, I have carefully considered ethical issues and ensured that participant experiences of taking part in this study were respectful and accessible. An example of this is consulting Experts by Experience regarding the use of preferred language within the ADHD community.

Commitment and rigour

Commitment and rigour can result from a thorough data collection and in-depth analysis study (Yardley, 2017). This was demonstrated by the attentive analysis process which is carried out for each case in an IPA where I closely followed the steps outlined by Smith et al. (2022). This involved gaining an understanding of the theoretical underpinnings of IPA and immersing myself in the data during the process of transcription and analysis. I also reviewed the interview schedule with Experts by Experience, to ensure that the questions made sense and were relevant for this community of people.

Transparency and coherence

Transparency and coherence are important elements of quality research. To demonstrate this, I have outlined detailed accounts of the methodological and analytic process, presented my findings in a clear and coherent manner and provided research material and excerpts of raw data in the appendix. I have explicitly stated my rationale for examining this topic and choosing this methodology to answer my research question. I have further demonstrated transparency by stating my own position in relation to this research, and providing reflective accounts with regards to how my experiences and intersecting identities have influenced this research.

Impact and importance

Yardley's final principle highlights the evaluation of impact and importance (2000). Whilst there is a growing literature looking into the experiences of women with ADHD, there is no research exploring the experience of motherhood. It is hoped that this study will capture the experiences of mothering with ADHD and that results will inform clinical practice so that the needs of this population are addressed.

Chapter 4: Analysis and Findings

Chapter Overview

In this chapter, I will present my interpretation of participants' experiences of being mothers with ADHD. Through the analytic process I gained a better understanding of participants' experiences. I examined convergence and divergence across participants' PETs, allowing me to highlight connections between their shared experience and acknowledge unique features for each participant (Smith et al., 2022). This process involved moving beyond description towards interpretation, thus engaging in the hermeneutic cycle in my attempt to make sense of the participants' experiences (Nizza et al., 2021). This process resulted in the following GETs: "Challenges of mothering with ADHD"; "Battle for the right support"; and "If only I had known sooner!". These GETs encompass 6 subthemes and are described below (see Figure 1). Participants' quotes will be used to illustrate their experiences, whilst ensuring that interpretations are grounded in the data (Pietkiewicz & Smith, 2014). To protect the identity of participants and other individuals mentioned in interviews, I have assigned pseudonyms and removed any identifying features, such as locations and names of healthcare services. References to participants' children will be made using the gender-neutral words "child", "kid" and "baby".

Figure 1

Group Experiential Themes and Subthemes

GET 1 and subthemes **Challenges of mothering with ADHD**	GET 2 and subthemes **Battle for the right support**	GET 3 and subthemes **If only I had known sooner!**
• Struggling with a nameless problem • Shame, stigma and unmet expectations • The impact of ADHD traits	• Dismissed by professionals • Trying to find support	• Self-acceptance • Parenting: empathy and connection

Personal Experiential Themes

Smith et al. (2022) describe IPA as a creative process and point out that there is not a single correct way to write up an IPA study. Consistent with the idiographic commitment of IPA, it felt important to provide a glimpse into the unique experience of each participant. Therefore, the participant summaries that follow will serve as an introduction to the women who participated in this study, providing insight into their lived experiences as they relate to each of the relevant common themes. Within the summaries, participants' PETs (in bold) and subthemes (italicised) will be highlighted.

Charlie

Charlie is a white British woman, mother to a toddler. In her interview, she spoke about her **experiences of help-seeking**. She highlighted *support she received from professionals*, noting the lack of awareness of ADHD within perinatal mental health services and gatekeeping she experienced prior to her ADHD diagnosis. She shared that her challenges were often dismissed and was diagnosed with post-natal depression at the time. She also spoke about connecting with other mums who shared similar experiences in an attempt to actively *ask for support*. Throughout the interview, Charlie described **facing and coping with challenges of being a mother**. She spoke about the challenges ADHD symptoms that added to parenting, particularly in the newborn days, and shared how she was able to cope. She talked about **managing expectations and stigma;** societal expectations placed on women and new mothers, that she did not meet as a woman with ADHD, bringing a lot of guilt and shame. Finally, Charlie touched on the **good parts of being a mum with ADHD**, and described elements of ADHD that enable her to connect with her child and be present as a mum.

Tia

Tia is woman with mixed heritage and mum of 2 young children. A dominant theme throughout Tia's interview was her **emotional struggles as a mum with ADHD**. She described feelings of shame and guilt brought by her challenges related to ADHD symptoms leading her to feel inadequate as a mum. Linked to this, she spoke about feeling **shut down and misunderstood.** She speaks about her difficulties being attributed to being a new mum instead of ADHD, following a typical pattern of her overall life experiences being misunderstood without a diagnosis. Tia also spoke about developing **self-acceptance since diagnosis,** highlighting the significant positive impact a diagnosis of ADHD had in her life and her parenting. Tia described how she **coped with ADHD throughout her life**. She shared *unhelpful coping strategies*, particularly her experience of self-harm and putting up with abusive partners. She spoke about how she *learned to cope successfully* over time, through finding coping strategies that worked well for her ADHD symptoms and advocating for herself. An important aspect of Tia’s experience was the **absence of support,** from healthcare professionals, her children’s schools and people close to her.

Carla

Carla is a white European woman who has one child. In her interview, she talked about the **mental health difficulties and undiagnosed ADHD at the beginning of motherhood**, describing the transition to motherhood as a significant event that brought the existing problems to the surface. She speaks about the **expectations and shame** that come with being a mother with ADHD, that lead to questioning herself for not being a “good enough mother”. She also spoke about how she manages to **cope successfully as a mum with ADHD**, highlighting the active role she has taken on to find help. She also spoke about the process **of accepting neurodiversity in her life**, referring to her ADHD and her child’s autism diagnosis.

Nadia

Nadia is a white British woman and mother of two young children. She spoke about her **experiences of coping and help-seeking**, highlighting the lack of available support. A major theme for Nadia was **the significance of getting an ADHD diagnosis and the journey of understanding her challenges.** She spoke about *explanations given to her challenges prior to being identified as having ADHD*. She spoke about being diagnosed with postnatal depression following both her pregnancies. She also talked about *cultivating understanding for herself and her children*, as getting diagnosed with ADHD gave her a better understanding and self-acceptance. Finally, Nadia talked about

managing expectations and self-doubt around motherhood, and addressed the idealistic description of society of what it means to be a mother.

Alice

Alice is a white British woman who has one child. In her interview she speaks about the **challenges of motherhood with ADHD**. She talked about the *uncertainty and sensory overload* she experienced during early motherhood. She also talked about *feeling different* and compared herself to other mothers. She finally touched on how the *challenges change with time*, and spoke about different stages of motherhood. An important theme for Alice was **adjusting to the new identity** of "mother" and the additional identity of "ADHD mother" a few years later. Alice touched on **the positive side of ADHD**, and the ways this has made her a better parent. She also talked about her **journey to finding support** as a mother with ADHD, highlighting the difficulties in asking for help as a new mum (external judgment).

Lisa

Lisa is a white British woman who has one child, and lives with her partner who is autistic. A dominant theme throughout the interview was the **different sides of motherhood with ADHD.** Lisa spoke about the *positive side* and the pride she takes in how she parents her child. She also talked about the *practical and emotional challenges*, and highlighted the sensory overload that comes with having a child. She also talked about *the expectations of society* and adjusting to this new role. Lisa describes the **journey to understanding herself as a woman with ADHD**. She talked about her emotions pre-diagnosis, and how she was able to cope after being identified.

Finally, she spoke **about trying to find support**, highlighting the *inadequate support* offered to her and *connecting to others through shared experiences*.

Tabby

Tabby is a mother of three children. Tabby received a number of diagnoses throughout the years, before being identified as having ADHD. She talked about **struggling with motherhood, ADHD and mental health**. She described an *idealized motherhood* and felt that she did not meet this. She also talked about her experiences of *support and validation*, talking about positive interactions with professionals who enabled her to get the support she needed. She spoke about **managing the stigma of multiple diagnoses in healthcare settings**, which impacted her ability to receive proper support. Finally, she spoke about the **positive changes that followed her receiving a diagnosis of ADHD**, and the positive impact this had on her parenting.

Olivia

Olivia is a mother of two young twin children. She was diagnosed with ADHD in her 20s but did not feel that she needed any support at the time. She seeked another assessment after becoming a mother. In her interview, Olivia talks about **recognizing her ADHD and accessing support**. She talked about the *increased awareness and acceptance* that allowed her to recognize her symptoms and ask for help. She also talked about *sources of support,* through social media, family and professionals. She talked about accepting ADHD in herself and her children. She describes **motherhood as a drive for self-acceptance**, and making active decisions to manage her symptoms for her children. She also talked about **connecting with her children through a shared**

ADHD experience, and the positive influence this had on her parenting. Finally, she talked about **addressing ADHD related difficulties that were uncovered by motherhood.**

Group Experiential Themes

GET 1: Challenges of mothering with ADHD

All participants shared that they viewed motherhood as a significant change in their life and expected it to be challenging. However, it is evident that they found motherhood more difficult than initially expected. It became clear to me that ADHD impacted their experience of motherhood in different ways. To make sense of the complexities of their challenges and capture the collective experience, I created three subthemes. The first one describes the significant impact that undiagnosed ADHD had on their experience of motherhood and the emotional consequences that came with this. The second subtheme highlights the societal expectations that come with motherhood, and the emotional impact of not meeting those expectations. The third subtheme illustrates the direct impact of ADHD symptoms, which became more intense with the transition to motherhood.

Subtheme 1: Struggling with a nameless problem

All participants embarked on motherhood feeling that they had *"realistic expectations"* about the challenges that it would bring. Struggling with the transition to motherhood, particularly during the post-partum period was a shared experience across participants.

For Tia, I felt this quote highlighted the difficult time she had when she became a mum and her experience of disconnection with what this role meant for her:

"I was kind of just blended into the role like I wasn't actually being a mum, I was acting mum. I didn't feel like a mum. I didn't feel like a woman. I felt like a lost kid who didn't have a clue what she was doing." (Tia, 58-61).

Tia's description that she *"blended into"* motherhood and the phrase *"acting mum"* gives me the impression that she experiences a disconnect between her sense of self and her new role. Here, she questions her identity of being a woman and a mother, illustrating her struggles with identity at this transitional stage. For Tabby, struggling to bond with her new baby made her constantly question herself and feel like *"something was wrong with her".* She said that she *"didn't feel anything"* when her first child was born, making her question her suitability to take on this new role. Alice talks about experiencing *"maternal anger".* She described this as the feeling of anger she had about the loss of identity and the *"irreversible"* change in her life as she took on the role of mother. She reflects on the significant shift in her identity:

"You're still the same person. But equally, you're an entire different person" (Alice, 274-275).

A divergence is identified in Lisa's experience of taking on this new role as she describes that becoming a mother gave her *"an amazing feeling of purpose".* However, she perceives herself as not coping adequately with the challenges of motherhood in relation to other new mothers, making her feel *"lonely"* and *"isolated"*. She describes: "*I* *did things very differently with [baby] to anyone else I knew that was having kids"* (Lisa, 46-47).

A common feeling described by all participants is the sense that their experience of motherhood deviated from the norm: "*A lot of the things that I experienced didn't seem to be in the realms of kind of normal motherhood experience" (Alice, 31-32).* All participants described feeling *"different"* from other mothers in many ways, though at the time they did not know how to make sense of this. Nadia, below, compares herself to other mothers and wonders "*why aren't they struggling as much as me?" (Nadia, 105).* All participants apart from Olivia did not know about their ADHD at the time and they reflected on those early experiences of motherhood with the information they have now. There is a shared belief that their experience would perhaps be different if their ADHD was identified at that time:

"And I think had I known that I had ADHD at that point, I could have handled things so much different. I think I wouldn't have been so hard on myself, I wouldn't have been so critical of myself, I would have been a lot kinder to myself" (Nadia, 85-88).

Nadia struggled with self-criticism about her parenting before identifying she had ADHD. Struggling with an unidentified issue at the beginning of an already challenging time seems to significantly impact on her self-esteem. She expresses a belief that her experience *"would have been"* different if she knew about her ADHD at the time, a sentiment echoed by other participants. This suggests that the lack of an ADHD diagnosis played a significant role to the challenges the mothers experienced, rather than just the ADHD in itself.

The transition to motherhood was a defining moment in the mothers' journeys of identifying their ADHD. Olivia was the only participant that was diagnosed with ADHD years before becoming a mother. She had *"ignored the ADHD stuff"* for years but found that the increasing challenges of motherhood brought the need to re-address her ADHD to the forefront. As she reflects on this now, it feels like an obvious decision: *"it was screaming at me in my face".* Lisa also feels that having a baby played a significant role in identifying her (and her husband's) ADHD: *"I don't know if both myself or my husband would have realised we were not neurotypical, unless we'd had a child" (Lisa, 23-25).*

Embarking on motherhood without knowing about their ADHD had profound consequences on the mothers' emotional world, their self-esteem and confidence to take on this new role. As such, motherhood became a critical moment in their decision to seek further support leading to identifying their ADHD.

Subtheme 2: Shame, stigma and unmet expectations

There are many societal narratives and expectations around being a woman and being a mother, and a sense of not meeting those expectations felt central to all participants. They describe experiencing an expectation of what it means to be a woman, established within family and society. In these quotes, Tia and Charlie refer to what seems to be a conflict between their lived experience of having ADHD and what societal norms view as acceptable feminine behaviour.

"And so, he [Her Dad] really didn't understand what was wrong with me why I wasn't switching into this "housewifey" persona." (Tia, 38-40).

"I think there's this sort of stigma about women having ADHD, particularly because it can massively affect the things that women are supposed to be good at, like, doing the washing up during the evening, all these sort of domestic tasks that generally fall to women, ***although they shouldn't****. And these are the things that I struggle with..."* (Charlie, 133-139).

I found Tia's use of the word *"persona"* interesting, as it suggests that she views herself different to what her family expects of her. She describes that there is an expectation of *"switching"* into this *"housewifey"* role now that she became a mother, implying that the notion of motherhood is inherently connected with household responsibilities. This is also echoed in Charlie's experience above, whose words *"although they shouldn't"* give me an impression about her own beliefs on gender equality. I wonder how much women's personal feminist viewpoints brought to light feelings of injustice and frustration. Carla, who described herself as a *"feminist"* also touches on the division of household chores, highlighting that this *"is not equally divided"* among genders. Looking after the children and taking care of the household are roles typically placed upon women within western society. For Alice this sense of unfairness created feelings of resentment towards her partner. She talks about feeling *"envious"* of her husband's drive to work, which allows him to take a break from parenting- a *"luxury she doesn't have"*. She goes on to say: "*That's always a good emotion, isn't it, to have? [laughs]*

Yeah, I realised that I'm not really painting this in a particularly positive light" (Alice, 108-109). Her use of sarcasm and her laughter gives me the impression that she feels uncomfortable to admit experiencing those feelings.

Societal expectations also seem to create the illusion of the *"perfect mum",* adding significant pressure to participants. Aspects of perfectionism was reflected differently in participants' narratives. For Nadia this meant breastfeeding her baby, feeling *"determined to succeed" and "beating herself up"* when she struggled. Lisa said that motherhood *"amplified her existing feelings of needing to be perfect".* The repeated use of *"should"* and *"supposed to"* throughout all interviews, implies that there is an idealised *"correct"* way of doing motherhood. In Charlie's experience: *"You should be doing x y z, as a mother, and to try and keep on top of all of it" (*Charlie, 141-142)

For all participants those ideas of motherhood are not always realised, causing a profound impact on their emotional world. The impact of ADHD symptoms on their parenting resulted in participants perceiving themselves as deficient in some way. Charlie shares an example of a time when was asked to bring a set of pictures to her daughter's school on several occasions, however she forgot to do this which induced feelings of shame and guilt. Carla also reflects on how her forgetfulness made her feel *"inadequate"* and *"guilty".* Similar feelings are echoed in Tia's experience below:

"Yeah, it's tricky whenever things go wrong because of the ADHD, whether it's I forgot to sign a form on time, or I accidentally overspent so now I can't afford to buy them a magazine when we go to the shop...Or things like that.. That can feel ***really, really*** *bad in*

the moment. Because I know that it's things that I should be able to control better, but I can't. So, I do feel bad about that." (Tia, 569-575).

Tia holds an assumption that she *"should"* be able to manage the forgetfulness that comes with having ADHD. Repeating *"really, really"* stresses her emotional intensity. Charlie further reflects on the additional layer that ADHD adds to the expectations that are already there for new mothers:

"And so that [ADHD symptoms] then adds this like extra layer of stress when you're trying to already manage just being a parent. It's this kind of... this extra layer of "I'm not coping with the day-to-day stuff", and I suppose this one, it makes you feel like you're failing somehow. Like, you know, I'm a terrible mother. [..] And there's a lot of, I guess, a lot of shame that came with it, particularly because I didn't know I had ADHD at the time. So, I just thought I was just terrible." (Charlie, 99-108).

Charlie's feelings of inadequacy impacted her confidence in her ability to mother, resulting in feeling guilt and shame. She interprets her inability to cope with day-to-day problems as a failure to mother- the implication being: if one is able to cope they are a good mother, if they cannot cope with everything they are a *terrible* mother. The dichotomy of "good mother vs bad mother" that is suggested seems to be in line with the notion of *"perfect motherhood"* described by other participants above.
Social comparisons also seem to intensify beliefs that other mothers *"just seem to know what to do"*. Charlie talks about experiencing *"mum shaming"* as a mother who does not conform to typical expectations due to her lived experience of ADHD. She

describes this as others attributing her challenges *to "being lazy"* or *"not trying hard enough"*. Alice experiences similar emotions stemming from her sense of "*not living up to the expectation".* I wondered if she is referring to societal expectations of idealized motherhood or her own internalized version of this. It is my impression that all participants experience a sense of failure and feelings of shame, guilt and inadequacy for not meeting their aspirations to mother in a specific way as prescribed by society, that has perhaps become internalized.

Subtheme 3: The impact of ADHD traits

The mothers talked about the numerous challenges they faced as a result of their ADHD. With the benefit of hindsight, they make sense of how ADHD traits impacted on their emotions, identity, parenting and overall experience of motherhood. Charlie highlighted the fact that having ADHD was an additional struggle on what is already a significantly challenging period:

"But then on top of that, having ADHD was just like... it made it so unbelievably difficult [...] Yes, being a new mum is hard. Being a new mum with ADHD is ridiculous!" (Charlie, 42-43, 395-396)

Similarly, Lisa describes becoming a mother as a *"huge learning curve".* She tries to make sense of this experience with the new knowledge that she has about her ADHD: *"To suddenly be in charge of this little person... it felt really good. However, with that came this crushing like... fatigue. Which I have not prepared myself for at all,* ***and just what I know now*** *is... my executive function just went." (Lisa, 30-34)*

Difficulties across all domains of executive functioning were expressed in many ways in the mothers' narratives. Planning for future events and keeping track of multiple tasks was challenging. Tia gives an example of missing registration deadlines for her child's nursery, expressing her frustration at her forgetfulness. For Nadia, it feels *"like there are so many things to keep track off!" (Nadia, 209).* Her words and tone of voice convey a sense of overwhelm. Failing to keep up with her child's vaccinations, doctor's appointments and household tasks make her feel *"bad" and "a failure"*. It is evident that the inability to cope with those difficulties had a significant emotional impact, exacerbating feelings of failure. Below, Carla describes how the need to organize and plan ahead increased as her child grew older and started school:

"It's the practical part, like making sure your child's got a water bottle to school, making sure that I have a rucksack and lunch, and this and that. If anything's like... you need to write a million slips to say "oh, yeah my child is allowed to be on a photo" or "yes, my child is allowed to taste new foods" or "no, we don't have...". And there's so much of it. I find that really hard to manage and to bring that in in time. And yeah, so I think that's more difficult, I feel on a daily basis, overwhelmed. I just feel like, it's like you... your brain just blocks. It's like, you feel so overwhelmed. It's paralysing!" (Carla, 96-109).

The quick pace in Carla's speech and the "non-stop" demands she describes give me a sense of escalating anxiety and overwhelm. It seems that the constant need to shift her attention from one thing to the other makes Carla feel like there is a *"block"* on her ability to problem-solve and cope, giving her a sense of feeling *"paralysed".* Nadia describes a similar experience of not being able to do something despite recognizing the need to do it: *“Like, knowing that something needs to be done wanting to do it, but just can't get started!” (Nadia, 221-222).* Overwhelm seems to become a barrier to action, making them feel out of control and unable to do anything.

Sensory overwhelm was also described by some participants. Alice described the “*sensory overload”* she experienced from breastfeeding. Lisa finds herself feeling *“touched out”* a lot of the time, particularly in the early days of having a newborn. She also speaks about the noise of having a child in the house, which she copes with by *“living in earplugs”.* I note her resourcefulness and ability to try to manage her difficulties as best she can.

The mothers describe experiencing *“hyperfocus”,* a state where they are able to intensely focus on one task and complete it successfully. *“Hyperfocus”* was described as a helpful way of adapting to motherhood. Charlie describes this as a *“switch flip”,* that allowed her to get household tasks done at times when she expected visitors. It seems that expecting people in the house created a sense of urgency, which allowed her to *“hyperfocus”* as opposed to other times when she did not feel able to tidy the house. Similarly, Tia describes becoming “*hyperfocused”* on parenting methods after the arrival of her first child, suggesting that there was a pressing need to learn more about parenting to help her *“settle into the role”*. There is a divergence in Nadia’s experience, who reflects that hyperfocusing on parenting added significant pressure on her:

"I know, with my ADHD, I tend to kind of hyperfocus on things. And will kind of try and learn everything there is to know about it. And I think yeah, I think when it came to motherhood, like I wanted to kind of be the best that I could be. And obviously, that's like an impossible task, because there's no such thing as like the perfect parent. So yeah, I think I put a lot of pressure on myself." (Nadia, 92-97)

Regulating emotional responses was another challenge commonly described by participants. Lisa often feels unable to control her emotional responses: *"I'm kind of holding the reins here, but it's just charging off ahead" (Lisa, 297).* Her metaphor paints a picture of her striving to control her feelings, though they end up taking over. Olivia shares a similar experience below:

"My issues are with emotional dysregulation. And that is one of the most salient parts of my ADHD that I deal with, that I struggle with, emotional dysregulation. And that can actually manifest quite quickly in irritability and anger, and the desperate desire to process and control that, when, you know, you're, you're tired, and your babies are screaming in the middle of the night or when they're toddlers... Ugh! It's really... that was the most challenging part for me, having to and really not always succeeding in regulating myself in order to be what they needed. That's one thing I've really really struggled with". (Olivia, 393-340)

Olivia's struggle to regulate her emotions has become more pronounced since having children. The extract above shows the contrast between her desire to manage her anger and her failing to do so. It seems that tiredness and the demands of motherhood exacerbate this challenge. Her *"ugh!"* conveys her frustration, further emphasised by her repeated use of *“really really”.* She goes on to say that this makes her feel *“guilty the whole bloody time”* as she is concerned about the impact this may have on her parenting and her relationship with her children.

Reflective Box: Being an insider researcher

Reflecting on the analytic process and write up of the themes, I thought about the significance of language in meaning-making. I found it difficult not to attach meaning on the participants’ descriptions based on my knowledge of the construct of ADHD, influenced by my understanding of ADHD as a clinician and as a woman with ADHD. For instance, there were times when participants would describe an experience of ADHD without explicitly naming this as “ADHD”, such as sharing examples of forgetfulness or becoming overwhelmed from multiple sensory stimuli. They would also use terms commonly found within ADHD communities (e.g. hyperfocus). Having a shared language made it easier for me to understand the experience they were describing; however, I was also mindful of potential biases this might bring. As an insider-outsider researcher, I acknowledge the importance of “bracketing” and reminded myself of the need to “bracket” my own knowledge and stay close to the participants’ experiential accounts. To do this, I used a reflective journal throughout the process to record my thoughts. I brought some of these entries to my research supervision, along with my exploratory notes and initial themes. Engaging in a discussion with my supervisor was helpful, as it allowed me to view things from different perspectives. Additionally, I reflected on the language I used to describe the experiences that I seek to better understand. The process of analysis also made me reflect on my own position as a woman and a feminist, and how this may have impacted my interpretations. I found that this was particularly relevant when writing up the third subtheme *"Unmet expectations, self-criticism and shame",* which brought up dominant discourses of womanhood, motherhood and ADHD.

GET 2: Battle for the right support

This group theme reflects mothers' experiences of help-seeking and their challenges in finding the right support for their individual needs. All participants spoke about recognizing difficulties with their mental health or day-to-day life after having a baby, which prompted them to seek support either from professionals or family. Participants described barriers in accessing appropriate support and highlighted a lack of available professional support addressing their ADHD-related needs. Finally, they spoke about trying to find things that helped them, including connecting with other people or mothers with ADHD. This journey will be expanded upon in the following subthemes.

Subtheme 1: Dismissed by professionals

The lack of support was apparent for all participants. Within a year of having a baby all participants tried to get support for their mental health from healthcare professionals, either through primary care (e.g. GPs, health visitors) or perinatal mental health services. They were all offered antidepressant medication, and six participants were diagnosed with post-natal depression (PND). There is a shared feeling that their experiences at the time were not adequately understood by professionals, and often dismissed:

“Every time, every time I had an issue, it was always just chalked up to the fact that “Oh, it's just postnatal depression”, or “Oh that’s just a new mum thing”. No one ever thought to look deeper into seeing what it could actually be! […] I was just fobbed off with sertraline and talking therapy, which didn't help because then I'd go to therapy and they’d say “Okay, why are you here?”. (Tia, 218-236)

Tia’s words and emotive tone of voice at interview convey her frustration at not being taken seriously. Her use of the phrase “*I was fobbed off”* gave me the impression that there was a sense of disappointment and resentment towards healthcare professionals who did not seem to fully understand what was going on for her. For Tabby, who had pre-existing mental health difficulties, receiving the right support came with additional challenges. She had received diagnoses of bipolar disorder and borderline personality disorder, and had previous experience of using substances. When she reached out for support regarding the difficult time she was experiencing after having a baby, she felt *“shamed”* and *“invalidated”* by mental health practitioners. It is my understanding that the stigma certain diagnoses or difficulties carry perhaps contributed to her concerns not being taken seriously.

The co-occurring diagnosis of PND seemed to overshadow any alternative explanations for the mothers’ struggles, resulting in their ADHD getting *“missed”.* This is exemplified in Charlies’ experience:

"But nobody at any point said, "Have you ever been investigated for ADHD? Perhaps the reason you're struggling with these things is because you have ADHD! And I mean, I did have postnatal depression as well, so it was kind of like a terrible mix. But I feel like perhaps it's blurry if somebody has postnatal depression that looks like ADHD or vice versa. But nobody ever said these things that you're saying you're finding difficult could be ADHD, maybe you should look into that [...] I wonder how much it was like the other way around... I don't know if this is making sense, it's kind of like if you just have depression, you can't do the washing and the cleaning, because you have depression. Whereas for me, I think it was more I couldn't do the washing and the cleaning, and ***that*** *was making me feel depressed."* (Charlie, 454-467)

It seems difficult for Charlie to express and fully describe how she makes sense of her experience of PND. Her words *"I don't know if this is making sense"* suggest a lack of confidence in herself, perhaps resulting from not being heard or believed in the past. She perceives her ADHD as the underlying cause, that prevented her from completing household tasks and resulted in her feeling *"depressed"*. My impression is that the executive functioning difficulties that come with ADHD, coupled with the additional demands of early motherhood perhaps contributed to her having an experience that resembled or exacerbated PND. Therefore, she was provided with support that specifically targeted PND, though this did not address her needs as a new mum with ADHD.

Most mothers were not fully aware of the nature of their distress at the time, as they were not identified or formally diagnosed with ADHD. They were also experiencing a lack of understanding from others. Olivia highlights beliefs around gender and ADHD as an additional barrier contributing to ADHD being missed in women: *“the stereotype of ADHD was feral boys with like crap parents who couldn't control them.” (Olivia, 304).* Nadia reflects on the treatment she received from perinatal mental health services: *“At no point did ADHD come up. And I think, if it had, I think the treatment that what was offered, I think would have been really different.” (Nadia, 288-290).* There is a sense of disappointment at not being identified with ADHD when she was under the care of perinatal mental health services. Charlie, below, also feels that she did not receive the right kind of support as she did not have an ADHD diagnosis at the time:

“I had support from the postnatal… the perinatal mental health team [...] so there were like support groups and stuff. But again, because I didn't know I had ADHD, I didn't have any, like specific ADHD support, which on reflection would have been hugely helpful”. (Charlie, 361-369)

This theme suggests that the impact of ADHD in the perinatal period is not fully appreciated among health professionals. Mothers struggled to access help and receive the appropriate support for their needs. Their experiences were often dismissed, and their ADHD remained unidentified for a long time. Repeated experiences of invalidation and dismissal by professionals resulted in frustration and, for some mothers, feelings of mistrust towards mental health professionals. Mothers also shared their view that “*increased awareness”* and *“training”* in healthcare services is needed.

Subtheme 2: Trying to find support

The need to advocate for themselves was critical in participants' narratives of asking for help though not always an easy endeavour. For Alice, her numerous attempts at help-seeking felt like "*trudging around all of these places just like trying to find the right sort of help." (Alice, 366).* However, her previous experiences of asking for support and being dismissed, resulted in her perception that *"they didn't really want to know"*, implying a sense of mistrust towards healthcare professionals:

"But if you're struggling with parenting, that's like, the thing that they do, isn't it? They give you parenting classes, where you would have got told to do control crying. That's not helpful in any way, shape, or form, you know. So you don't. If that's going to be the solution, then you're not going to admit to the problem, because you don't want the solution." (Alice, 514-519)

Through her previous experiences of help-seeking Alice has learnt that asking for help will result in getting the wrong kind of help, which results in minimizing her own voice. It is my impression that this experience felt frustrating and upsetting. An apprehension to reach out for help is evident across most participants, perhaps in fear of not being understood as Tia describes below:

"So, I'd say one of the biggest issues I've had is because my struggles aren't physically visible, it makes it really hard to get my point across to people when they don't understand me or why I do the things I do." (Tia, 343-346)

A divergence in this theme is identified in Carla's experience, who has a confident stance towards help-seeking: *"I need help. I think it might be the best thing just to see that I need help. Because it's not going to get any better anyway, without telling them." (Carla, 320-322)*. Self-advocacy, whilst not easy, was central in the mothers' experience of reaching out for support. For Olivia who already knew she had ADHD but had not addressed this for years, self-advocacy became vital when she became a mother to twins. The sense of responsibility that came with motherhood lead to her realization: *"I needed help to help them!"*.

All participants looked for informal support which was offered by partners, family members or peers. Practical support with the baby or household chores was welcomed by most participants. Lisa, in an attempt to find help, attended local mum groups. She could not relate to the other mothers that were there saying that they felt *"alien"* to her, making her *"felt worse"* after attending those groups. Similarly, Charlie was given *"neurotypical parenting advice"* by her mother. In the extract below she describes her feelings of despair and loss of confidence in herself, stemming from advice that did not meet her needs as a neurodivergent person:

"*So it was kind of like, so my mum would say, like, I don't understand why you don't just do this thing. And it was like, because my brain doesn't work that way. I can't, I can't do the thing that you're suggesting, because my brain just wouldn't, wouldn't do that. So yeah, I guess kind of like any advice that was more neurotypical advice was not helpful, because it was like, I can't do that. And then that made me feel bad that I was like, you* *know, you're saying just do the thing, and I can't do it. So like, I don't know what to do now if that's the advice…" (Charlie, 427-435)*

After receiving a diagnosis of ADHD it became easier for participants to access support. This included connecting with other people with ADHD who shared similar experiences. It seems that the diagnosis allowed them to put a name on their experiences and enabled them to seek people who experienced the same challenges, as a source of support. Lisa said that she *"found her tribe"* in online spaces. Charlie reached out to friends who have ADHD and found reassurance through their conversations: *"Oh, we have so many things that we share struggles with!"* (*Charlie, 410).* Her sense of excitement at making connections with other people with ADHD is noticeable. She laments not having this opportunity earlier as she feels it would have helped her feelings of guilt: "*If I had felt less guilty about the things that I was struggling with I don't think it would have been as hard to get through it"* (Charlie, 397-401). Tia has also been able to find support through making connections with other people with ADHD:

"And for the first time, I felt like I had a place in a community. And that was amazing to finally meet other people like me who understood me. And that was a massive boost in my mental health, I've haven't needed antidepressants since - not that they ever really helped anyway [laughs]". (Tia, 741-745)

Tia feels a sense of belonging and relief that she is *"finally"* understood. Connecting with peers was made possible through identifying her ADHD, and this had a significant positive impact on her emotional wellbeing. Receiving a diagnosis also allowed access to medication which was positively regarded by all participants. Olivia perceives medication as the thing that enabled her to cope *“for the first time in 4 ½ years of motherhood”*, describing its impact as *“miraculous”.* Tabby likens medication to *“a cloud being pulled out of her head”*. It allowed her to be calmer with her children, more articulate in her speech and *“not lose her rag”* as much. Similarly, Tia describes her positive experience with medication below:

“It's brilliant for me, honestly, I don't know how I managed to get by without it. Before my moods would be all over the place, I could be like, really hyped up and happy one moment, and then I'd crash and I'd be irritable and snappy and overwhelmed. And I just want to hide from the world. And then I would be constantly on the go, but then like, come around 2pm, I'd crash out. And like it would be a nap, I didn't have a choice.” (Tia, 308-314)

GET 3: If only I had known sooner!

This theme explores the positive effect the diagnosis of ADHD had in the mothers’ lives. Identification and diagnosis allowed mothers to make sense of the difficulties they were experiencing, with a significant positive impact on the way they viewed themselves. Recognizing their ADHD also influenced the way they parent their children, how they relate to them and how they understand their needs.

Subtheme 1: Self-acceptance

Receiving a diagnosis played a pivotal role in how the mothers made sense of their experiences and signified a positive shift in how they viewed themselves. Tabby’s experience of assessment and diagnosis was positive and compassionate, making her *"burst into tears"* after formally receiving her diagnosis. Throughout her interview she repeatedly describes her psychiatrist as *"the person who saved my life",* suggesting an immense sense of gratitude and relief. The diagnosis prompted her to seek information about ADHD in women, helping her to understand herself better. She describes this process as *"reading a book for the first time, but also knowing the blurb".* Charlie shares a similar experience:

"My God, when they gave me the diagnosis, I actually cried! And I was like... it was just this sort of relief, I guess, that actually I'm not just rubbish at all these things that I thought I was rubbish at. It's just my brain that stops me from being able to do things the way that other people can" (Charlie, 112-117).

Charlie's emotional response to getting a diagnosis of ADHD conveys a sense of relief. Prior to her diagnosis Charlie made sense of her struggles through a lens of self-criticism, indicated by her belief that she was *"rubbish".* Since then, understanding how her brain works has helped her reframe her difficulties and shift the blame from herself as a person. For Tia *"having the answers"* made it possible to stop attributing her past experiences to personal failure. She explains that diagnosis made self-acceptance possible, noting that she started to view herself in a positive light: *"I know to be a bit more kinder and patient on myself now, which I think is the main thing. Before I put so much shame and guilt on myself, because I just didn't have the answers."* (Tia, 472-475).

The ADHD diagnosis provided a new lens for participants to make sense of their experiences. In her interview Alice remarks that looking back to her early experiences of motherhood now, allows her to *“reframe”* those experiences through a different lens. She says this has made a difference in *“a lot of the negative self-belief that I've had. You know, I'm not just lazy or stupid or you know, incapable of doing things.” (Alice, 222-223).* Her negative view of herself seems to come from not knowing about her ADHD.

The use of humour has become part of how Carla approaches her ADHD-related difficulties post-diagnosis, making them feel *“lighter”*. She says that she can now *“have a bit of a laugh”* when her house is not tidy or when she forgets things. The *“lightness”* she describes is conveyed in her words: *“But now through the diagnosis, I can actually say “Well, yeah, that makes sense. Because my brain is just working differently”. So, it's, it's accepting myself a lot better.” (Carla, 204-206).* Similarly, Lisa says that after a long period of time, she has been able to *“drop the feeling of neurotypical expectations”* in relation to how she mothers her child. She describes that she now approaches judgment from others in a more *“care-free”* manner than before. My impression is that she attaches a different meaning to judgmental comments following her diagnosis.

The journey of identification, diagnosis and learning more about their ADHD has allowed participants to develop compassion and kindness towards themselves, fostering self-acceptance. This is illustrated in the extract below:
“I think self-compassion is something that we often really struggle with, especially being diagnosed with ADHD later in life. I think self-compassion is something that a lot of us

struggle with, maybe because for so long, we've kind of felt different, but haven't known why". (Nadia, 422-426)

Nadia goes on to describe her experience of having CBT and working on self-compassion, something that only became possible after diagnosis. I note her change in pronouns from "I" to "we", implying her belonging in a larger community of people - those diagnosed with ADHD later in life. It is my interpretation that this has given Nadia a sense of feeling less alone in her struggles allowing her to become kinder to herself. Tia explains that she internalized negative labels, such as *"lazy",* that she was previously given by others. She reflects on how her perception has changed with the new information she has now, which has helped her see herself in a positive light. Olivia also highlights that the increasing acceptance and recognition of ADHD in women in today's world has made it easier to accept herself. This has also allowed more opportunities for connection and understanding from others.

Subtheme 2: Parenting: empathy and connection

Thinking of positive aspects of being a mum with ADHD seemed difficult for all participants, evident in their long pauses and *"uhms"* during interviews. I reflected on the language commonly used around ADHD and stereotypes that tend to place struggles in the spotlight and create certain negative expectations. In this quote Charlie shows her surprise when reflecting on her emotional connection to her daughter:

"But actually, I am a really good mum.. And I know I I'm bad at organizing things, but I'm actually very good at, like, the emotional stuff [...] You know, when children are like "pay

attention to me, pay attention to me!", which is something that I like struggle with because of my ADHD, because I quite often find myself wanting to, you know, doom scroll on my phone or focus in on something... But I'm actually really good at staying present with her. So that's something that surprised me, I didn't think I would be as good at it as I am." (Charlie, 173-183).

The multiple use of the words *"but, actually"* gave me the impression that Charlie had a very negative view of how ADHD symptoms are impacting her, though she was pleasantly surprised realizing they did not keep her from being a good mother. She also describes that she experiences emotions in increased intensity: *"I feel emotions very deeply*, *and I think that that's something that's really nice as a mom because I've I feel very, very emotionally connected and very strong emotions with my child." (Charlie 226-230).* Tia attributes her creativity and being able to *"tap into her inner child"* to positive aspects of her ADHD:

"The way I've set up my house, it's designed to get messy. So, in the first few years, I had like leather sofa or wooden floor, wooden tables, everything was able to be wiped down. And on days when we had absolutely nothing else to do, they could give me the craziest ideas, and I'd be like, yeah, sure, let's do it!" (Tia, 492-496).

Most participants' children are neurodivergent, either formally identified or awaiting assessment. With her own experience in mind, Olivia was able to identify ADHD signs in her children at a young age. She describes:

“As an ND woman, as a woman with ADHD, I've always felt on the periphery of everything, because I'm quite hard to deal with because I am far too hyperactive, far too enthusiastic, overshare and never quite fit in. So because I've always felt on the periphery of society or groups, I strive harder for my children to like, give them opportunities to, like, say, maybe that I never had, and try to at least keep the conditions fairly fluid. So they have, you know, access and opportunities to different activities.” (Olivia, 274-282).

Her own experience of feeling isolated and overlooked because of her ADHD seem to have created a strong sense to advocate for her children and provide them with opportunities that she could not access. The desire to advocate for her child’s needs in also identified by Alice who describes *“pushing”* for accommodations at school after her child received a dyslexia diagnosis. She explains how she promotes self-acceptance and accepting people’s differences to her child in the extract below:

“I’m trying to really reinforce that it doesn't matter, you know, it may be that your brain doesn't work the same as everybody else's, but you know, that's fine, different isn't bad. And you will have loads and loads of different skills and attributes and talent that other people won't have. And trying to encourage, like, finding your own way of doing things, and, you know, kind of working with yourself, rather than working against yourself, you know, maybe you don't do it in the way that everybody else does it and that is fine. And that is actually great, because, you know, it means that you can come up with different ideas and different ways of doing things.” (Alice, 393-404)

Similarly, in Carla's experience, understanding her own ADHD has helped her make sense of her child's autism. She describes the process of accepting her and her child's differences and needs through conversations and open communication about how neurodivergent brains work. She likes being able to contribute to a positive change by *"raising awareness to the next generation".*

As participants have made sense of their experiences, their connection to their children has strengthened. For Nadia, having made sense of her experiences as a child and having understood her sensory needs, helped her identify her oldest child as autistic. She feels able to *"relate to her child's struggles",* therefore she responds to her children in ways that meet their needs. For instance, she doesn't *"push them"* to do things that make them uncomfortable, such as socializing for long periods of time. It seems that having those experiences has enabled mothers to empathize with their children. This is also illustrated in Tia's parenting below:

"I'm more aware of the fact that emotional struggles exist as well. So like, I'm able to be more in tune, whereas some parents might shut their kids down and forget, they're actually tiny humans. Whereas I'll be like, "oh, yeah, but it's actually really tricky, isn't it? Should we come back to that in a bit, and I'll help you with it". I'm able to actually make sure they feel heard, because I know what it's like to be a kid that is constantly shut down and not listened to. So, I'm able to be present and listen, when they actually have an issue. I'd say it's something else ***I take pride in****. And having the experience of not being heard has given me the knowledge to know but that's important now." (Tia, 531-541).*

Tia's words reflect an increased awareness of emotional struggles, stemming from understanding her own experience. She takes pride in how she parents her children, ensuring that they their voice is heard and understood. It is my impression that Tia places high value in empathy and being listened to, as a direct result of her experiences living with undiagnosed ADHD, thus her parenting is driven by those values.

Chapter 5: Discussion

Chapter Overview

In this chapter, I will situate my findings within the existing literature and theoretical frameworks to attempt to answer my research question:

"How do women with ADHD make sense of their experience of motherhood?"

I will begin with a summary of the key findings, which I have interpreted using IPA as a means of inquiry and analysis. To further illuminate my interpretations, I will draw upon literature and theory to contextualize my findings and make sense of the experience of motherhood with ADHD. Finally, I will discuss the application of these findings to clinical practice, offer a critical evaluation of the research and provide recommendations for future research. I will conclude this chapter with some final reflections.

Summary

The findings of this study revealed three main themes: “Challenges of mothering with ADHD”; “Battle for the right support”; and “If only I had known sooner!”. The first GET is comprised of three subthemes: “Struggling with a nameless problem”, “Shame, stigma and unmet expectations” and “The impact of ADHD traits”. The second GET consists of two subthemes: “Dismissed by professionals” and “Trying to find support”. The third GET has two subthemes: “Self-acceptance” and “Parenting: empathy and connection”.

The first theme explores the challenges that women experienced in their transition to motherhood. ADHD traits introduced an additional challenge to the existing difficulties of motherhood. The absence of a diagnosis at the time and not conforming to society’s ideals of “perfect motherhood” had emotional consequences for the mothers. These experiences add another dimension, evoking feelings of guilt and shame.

The second theme illustrates the mothers’ attempts of help-seeking and the barriers they encountered in this process. Their distress was dismissed by professionals, and many were misdiagnosed or offered support that did not meet their needs. Six out of eight participants were diagnosed with post-natal depression (PND).

Finally, the third theme shows the positive impact of the ADHD diagnosis. It highlights how they made sense of their own experiences, resulting in self-acceptance. It also shows how they made sense of their children’s emotional experiences, increasing empathy and understanding in how they parent and building a strong connection with their children.

A unique challenge added to motherhood

Different aspects in which ADHD contributed to a nuanced experience of motherhood are captured in the first GET titled *"Challenges of mothering with ADHD".* The mothers in this study were not aware of their ADHD at first, which left them feeling confused and "not fitting in". Consistent with the existing literature on individuals being diagnosed with ADHD later in life, these women's past experiences of rejection and failure contributed to them feeling different and misunderstood (Powell et al., 2020; Schrevel et al., 2016). They further describe feeling *"othered"* throughout their life due to their ADHD traits, albeit undiagnosed at the time. They recall being labelled as "scatty", "stupid" or "lazy", messages that have become internalized and led to low self-confidence and self-esteem, something that is common for people with ADHD (Jellinek, 2010). Thus it is not surprising that these women, having received negative messages throughout their lives and feeling different to peers (Attoe & Climie, 2023), are finding motherhood with ADHD challenging.

As most mothers were not aware of their ADHD at the time, they embarked on motherhood with certain expectations of how it would be, shaped by neurotypical ideals, which left them disillusioned when their lived experience did not meet those expectations. They all described motherhood as a *"turning point"* that led them to uncover their ADHD. The only participant with a prior diagnosis did not have any concerns about her ADHD for years and had developed coping strategies to manage day-to-day difficulties. However, motherhood highlighted the need of re-visiting her ADHD diagnosis. The mothers in this study, having identified their ADHD a few years later, are now able to make sense of their initial experiences of motherhood through a different lens.

The mothers described the conflict they experienced between gender norms and expectations, and the way they behaved and presented themselves, influenced by their ADHD traits. This is supported in the existing literature, which highlights that certain symptoms of ADHD are not socially acceptable for women, leading women to experience criticism by others (Holthe & Langvik, 2017; Young et al., 2020). For all mothers in this study, their ADHD traits added an extra layer of difficulty in their experience of motherhood. ADHD-related difficulties such as time management, organization and “time blindness” coupled with the added demands of a new addition to the family made the mothers feel overwhelmed, which is consistent with current literature (Holthe & Langvik, 2017). They also identified pronounced difficulties with regulating emotional responses, a challenge for many individuals with ADHD (Soler-Gutiérrez et al., 2023). This was particularly evident after they became mothers due to the increased emotional and sensory stimuli. Their struggle to manage and regulate emotional intensity and responses led to feelings of guilt and inadequacy.

The research question of this study aims to understand how women with ADHD experience motherhood, and the first GET illustrates the challenges involved in this experience. Below, I will discuss how societal stereotypes and ADHD traits contribute to this unique challenge.

Motherhood myths

In many ways motherhood with ADHD does not differ much from neurotypical motherhood. It is a major life transition that introduces additional demands and expectations that can feel overwhelming for anyone. For mothers with ADHD, these can feel insurmountable, as reflected in the accounts of the women in this study. All mothers recognized the impact and challenges motherhood would entail. However, their expectations were created without knowing about their ADHD. It became clear that not having a name for what they were experiencing at the time had a significant impact on their experience of motherhood.

Dominant narratives of motherhood within western society have created certain expectations of *"the right way"* to be a mother, directing women to mother in a manner that is socially accepted (Sutherland, 2010). As discussed in the literature review, the idea of *"intensive mothering"* has a child-centric focus and emphasises selflessness as an important quality for mothers (Hays, 1996). The field of psychology has also contributed to the continuation of the notion of *"perfect motherhood"* through influential figures such as Freud and Bowlby, whose theories have placed an emphasis on the mother as the primary caregiver (O'Reilly, 2016). Another dominant motherhood discourse is that of the *"natural mother"*. This view suggests that women are naturally inclined towards care giving and nurturing because of their sex, creating an expectation that mothering comes instinctively (Brown, 2006). Mothers are also typically considered to be the "default" parent. They become the go-to person for everything that is related to the child, as reported by the participants in this study. For instance, school would contact the mother to report any concerns regarding the child.

Idealized portrayals of motherhood are seen every day in films, TV and social media. Douglas and Michaels (2004) use the term *“new momism”* to describe this portrayal of societal expectations and pressures placed on mothers that demands of them to be perfect and always put their child’s needs first, whilst maintaining success in their personal and professional lives. For many of the mothers in this study, the use of social media contributed to social comparisons, a practice that can have detrimental effects on mental health and emotional wellbeing (Douglas & Michaels, 2005). This reinforced their beliefs that they are *“defective”* or *“a bad mother”*, as they felt different from the idealized portrayals they were seeing online. Kirkpatrick & Lee (2022) highlight that social comparisons made by new mothers when viewing idealized social media posts can have negative effects on their wellbeing and cause significantly higher levels of anxiety and envy.

Not meeting societal norms and expectations of motherhood has been a significant cause of distress for the mothers in this study. As these women entered motherhood, they had internalized certain notions: that mothers have to be *“perfect”*; that household responsibilities are inherent to motherhood- that childrearing is the sole responsibility of the mother. It is evident that the women aspired to take on the role of *“mother”* and what it entails, however not meeting these expectations left them disappointed. The emotional and psychological consequences stemming from the idealization of motherhood is reflected in participants’ narratives in the subtheme *“Stigma, shame, and unmet expectations”*. Myths of *“perfect motherhood”* are perpetuated in society and internalized by mothers, something that is evidenced in the mothers’ narratives presented in this study. Not living up to the impossible standards set by society can have emotional consequences for all mothers, even ones who do not necessarily subscribe to the ideology of *"intensive mothering"* (Henderson et al., 2015). This was evident in participants who acknowledged that despite their feminist beliefs, not conforming to these representations of motherhood had a significant emotional impact on them.

This idyllic motherhood can be a particularly difficult construct to negotiate for mothers with ADHD, as it overlooks the added challenges that individuals with ADHD may face. According to Kinser (2010) these societal expectations are typically based on middle-class, cishet, white women, overlooking intersecting categories of oppression (Beyer, 2019; Kinser, 2010). Ableism influences this idealized version of motherhood as illustrated by Daniels (2018, p. 116):

"the 'approved' mother holds a number of valued characteristics: physical dexterity; fast pace; endless energy; emotional, mental and physical stability; and is self-contained, independent and autonomous. Therefore, in the light of ableist and normalised values, it leaves other ways of recognising ideal mothering to be downgraded—kindness, love, support, tolerance, acceptance, interconnection and cooperation—aspects of mothering that I would argue are to be championed, and do not rely on ableist rankings."

Indeed, ADHD-related traits contributed to the mothers perceiving themselves negatively. For instance, mothers in this study described struggling to breastfeed due to sensory overwhelm, being late to their child's GP appointment, and forgetting to sign a note for school – all difficulties relating to ADHD traits and/or executive functioning. Those challenges seem to create feelings of guilt and inadequacy for the mothers and are interpreted as a *“failure to mother”* in a dichotomy implying that not managing these tasks equates to being a *“bad mother”*. On the other hand, as Daniels suggests, other positive qualities of mothering, such as being kind, supportive and loving, were minimized. This became evident when I asked about the positive side of motherhood with ADHD, a question that most participants struggled with.

Shame was identified as a central emotion experienced by most participants. Mothers described feeling shame as a result of the conflict between their lived experience and their attempts to live up to certain expectations. Guilt was also expressed by several participants. For instance, one participant described feeling guilty for forgetting to pack lunch for her child, while another one felt guilty for not being on top of household chores alongside caring for her new baby. Shame (a negative evaluation of the self) and guilt (a negative evaluation of behaviour) are described as “self-conscious emotions” (Gilbert, 2002). Caldwell et al. (2021) suggest that shame and guilt can have a negative impact on mothers’ psychological wellbeing and potentially affect the parent-child relationship. Proneness to shame was also found to be a predictor of PND (Dunford & Granger, 2017).

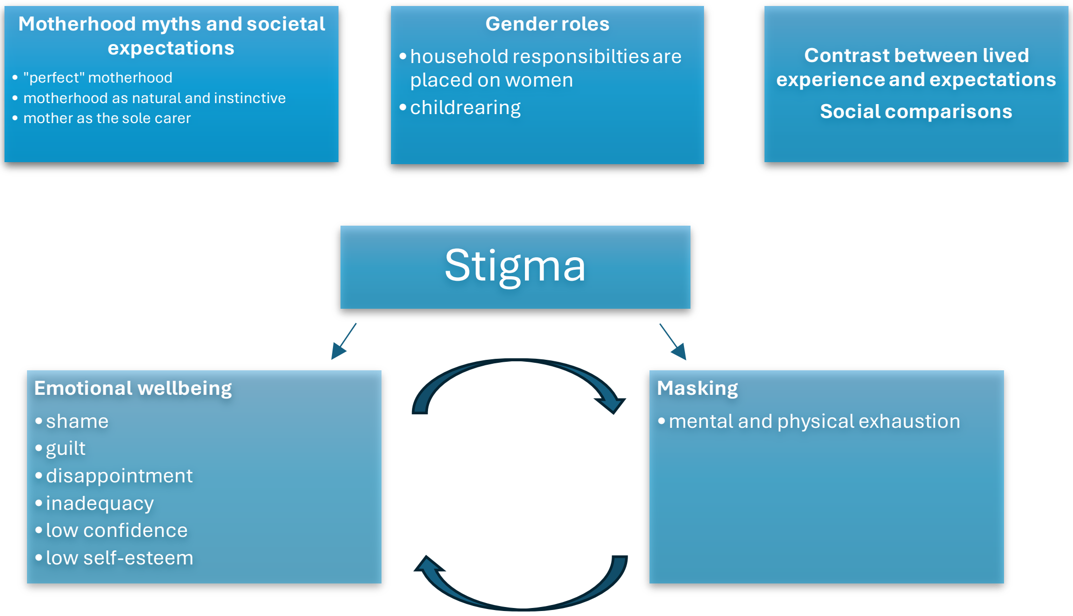
Individuals with ADHD are considered to have heightened sensitivity to criticism (Beaton et al., 2022a). Among ADHD communities, the term Rejection Sensitive Dysphoria (RSD) is often used to describe an intense emotional reaction to perceived or real criticism that impacts mood and behaviour (Ginapp et al., 2023). Very little research has explored RSD, however within ADHD communities emotion dysregulation is often understood as a result of RSD (Dodson, 2024). Three of the mothers in this study used the term RSD as a way of making sense of their responses to criticism that led to feelings of failure. The proneness to rejection sensitivity could contribute to the development of shame and guilt in mothers with ADHD, and it might make them be more alert of potential criticism from others.

Not conforming to social norms and expectations can leave mothers feeling othered and stigmatized, as evidenced in this study. Several mothers describe putting up a façade in an attempt to protect themselves from judgment: they avoid sharing their struggles and strive to keep up with all childrearing and household demands. One participant describes this as a *"housewifey persona"*. As Goffman (1990) describes, individuals who perceive themselves as not conforming to social norms may feel stigmatized and as a result may try to hide aspects of themselves. This is a process that is similar to masking. Masking (or camouflaging) is a common behaviour among neurodivergent individuals, including people with ADHD (van der Putten et al., 2024). Masking refers to hiding or suppressing certain aspects of identity in an attempt to "blend in" or "appear normal" and accepted in society (Hull et al., 2020). For individuals with ADHD this might look like suppressing the urge to fidget or hiding emotions when struggling, as described by the mothers in this study. Driven by the stigma experienced and the urge to fit in, masking can be mentally and emotionally draining, leading to increased anxiety and a sense of disconnect from their true identity (Miller et al., 2021). Navigating motherhood may increase masking in mothers with ADHD due to the need to manage increased stigma and perception of difference. The mothers in this study seemed to use masking as a way of "putting a performance" to protect their sense of self from criticism. Masking can also make it more difficult for people to ask for help, and perhaps this also contributed to the mothers' struggle to find the right support. In addition to this, it seems that masking also contributed to the mothers feeling overwhelmed and burnt out due to the energy they put in masking their ADHD, resulting in a cycle of masking and exhaustion.

Social norms around motherhood are prevalent and may impact neurotypical and neurodivergent mothers alike. The ableist assumptions that these narratives uphold can be particularly difficult for mothers with ADHD. It could be suggested that social comparisons could have a significant impact on the mothers' wellbeing, as it affects their self-esteem and stirs feelings of inadequacy. It also may lead mothers to mask their ADHD more, which in turn may also have a significant impact in their wellbeing. This proposed cycle based on the findings of this study is described in Figure 2.

Figure 2

The impact of societal pressures on women with ADHD



Understanding ADHD motherhood through the lens of neurodiversity

During the first few months post-partum, the mothers noticed a significant shift from having only themselves to look after, to now being the ones solely responsible for the wellbeing of another person. Organizing the household to accommodate the baby's needs, feeding and changing the baby became a new reality that the mothers had to manage. As their children grew older, the demands grew as well: school, activities and socializing with other children and their families. Many of the coping strategies the women had developed and used successfully to that time, became disrupted.

A more holistic understanding of ADHD offers a way of conceptualizing the challenges that new mothers with ADHD may encounter. It is well established that attentional processing is a core element of ADHD. Difficulties with organization, keeping track of multiple tasks, task initiation and switching between tasks are typically associated with inattentive symptoms of ADHD in contemporary classification systems (APA, 2013; WHO, 2022). Those difficulties were highlighted in the accounts of the mothers in this study. A shared experience of being pulled in many different directions, requiring multiple attentional resources was illustrated in the mothers' narratives.

An alternative way of understanding those additional challenges of motherhood can be through the lens of monotropism. Monotropism suggests that attentional focus is distributed differently in different people, and influences the number of interests or stimuli a person can attend to at any one time (Murray et al., 2005). This theory was initially developed as a way of making sense of autism, created by autistic people. Individuals with ADHD are also likely to be monotropic, meaning that their attention tends to be pulled towards a small number of stimuli at a time (Dwyer et al., 2024). According to Murray et al. (2005) monotropic individuals tend to focus their attention to a small number of stimuli and might miss things outside of their attention tunnel. Many of the women in this study had found ways of coping with this difficulty prior to having children. As motherhood introduced new tasks and responsibilities though, the attentional shift became more difficult and overwhelming. For instance, the need to prioritise the baby became the focus for many of the mothers, leaving other tasks such as household chores outside of the "attention tunnel". However, it is notable that some of the mothers experienced the intense attentional focus as a strength. In their narratives, they described *"hyperfocusing"* on their babies, which helped them develop specialist knowledge in parenting. For instance, some participants described engaging in extensive research of different ways to parent (e.g. gentle parenting, Montessori method) and learning more about child development, which helped them feel more confident in themselves- though for others this intense focus on their baby's needs and learning about different ways of parenting contributed to an increased sense of perfectionism. Therefore, it is important to acknowledge individual differences in how people with ADHD experience attention in their everyday life. Overall, monotropism may provide an alternative understanding of the "inattention" that is often experienced by people with ADHD from a non-blaming perspective in line with the neurodiversity paradigm. However, it remains a hypothesis as there is currently limited evidence in the literature to support the theory of monotropism. More empirical research is needed to help us better understand monotropism in relation to ADHD

Sensory processing difficulties are also seen in individuals with ADHD (Fabio et al., 2024). Sensory demands increase in motherhood, which is an experience described by many participants. The mothers referred to experiencing "sensory overload" and struggling to manage the additional sensory stimuli. Tactile and auditory sensory sensitivities were mainly reported in the mothers' interviews. Three mothers highlighted that they struggled with breastfeeding due to the sensory experience. They described breastfeeding painful and uncomfortable, though difficult experiences of breastfeeding are not uncommon among neurotypical women (Odom et al., 2013). Additionally, soothing a new baby requires physical touch which made some mothers feel "touched out". Auditory input was also significantly increased. Their environment was often loud from crying, noisy toys, films and music playing in the background, and fights between young siblings. As the mothers were the main caregivers they did not have the option to leave the room, withdraw from the situation and self-regulate. Many participants reported using earplugs to manage auditory input, which was beneficial for them. Sensory overwhelm can make people feel drained of energy and shut down (Lane & Reynolds, 2019), making it more difficult to manage the emotional ebbs and flows of motherhood and creating an additional challenge for many of the mothers in this study. In combination with the lack of sleep and time to rest and self-regulate, it is evident that sensory overwhelm influenced their experience of motherhood in a negative way.

From a neurodiversity viewpoint, ADHD traits do not inherently equate to something negative or "deficient". It is simply a difference. It can introduce challenges in people whose minds work this way, however it can also have strengths. As evidenced in this study and in the existing literature, neurodivergent individuals seem to experience a greater understanding of themselves after learning more about how their brains work (Bertilsdotter Rosqvist et al., 2013; Morgan, 2023; Schrevel et al., 2016). This understanding can lead to the development of more effective coping strategies and better mental health outcomes for mothers with ADHD.

Barriers to accessing support

For the women in this study, identifying their ADHD, receiving a diagnosis and accessing the appropriate support was a challenging process as illustrated in GET 2: *"Battle for the right support".* The mothers had several interactions with professionals, family members and loved ones in an attempt to find support. However, they all describe the experience of not feeling understood by others. Adding to this was the fact that they did not have the language to understand their difficulties at the time, which in turn made it difficult to verbalize what they were experiencing.

A main challenge for the mothers was the identification and diagnosis of their ADHD. The mothers were in contact with several healthcare professionals, including midwives, health visitors and GPs, as is typically common for most new mothers in the UK. Six of the mothers in this study had been under the care of perinatal mental health services, either due to mental health concerns they were experiencing before pregnancy or due to new struggles that emerged after having a baby. They all had numerous encounters with healthcare professionals that left them feeling invalidated and dismissed, an experience that is common among adults with ADHD (Aoki et al., 2020; French et al., 2020; Mueller et al., 2012). The mothers in this study oscillated between a reluctance to ask for support and a pressing need to self-advocate in order to have their concerns heard. Most mothers highlighted that they felt uncomfortable discussing their difficulties with their healthcare providers due to previous experiences of being minimized or misunderstood. On the other hand, all mothers were able to recognise that they needed support and tried to access it, a task that required significant self-advocacy from the mothers' part. They needed to advocate for themselves over long periods of time and reached out to multiple sources of support within statutory (e.g. GP, health visitors, local authority) and non-statutory services (e.g. charities, local parent groups).

Further to a general lack of awareness, girls and women face significant barriers to recognizing their ADHD and accessing support, with a large number of women receiving a diagnosis later in life (Hinshaw et al., 2022; Young et al., 2020), as was the case for the women in this study. Social attitudes towards ADHD and gender-specific stereotypes influenced the mothers' experiences of help seeking and consequent diagnosis. As discussed in the literature review, women are more likely to have inattentive traits of ADHD, making it easier for them to "go under the radar" for a long time as opposed to externalized behavioural traits which are easily observed (Young, 2020). Based on these stereotypes, medical professionals often do not consider ADHD as a possibility for women, as was the case in these women's experiences. The mothers' narratives of having their symptoms overlooked by professionals support the existing literature which suggests that women experience a lack of understanding of their ADHD by healthcare professionals, due to a combination of internalized symptoms, masking behaviours and gender stereotypes (Attoe & Climie, 2023; Morgan, 2023). Most mothers described that healthcare professionals attributed their difficulties to mental health conditions or new motherhood. Additionally, it seems that past psychiatric history may contribute to the overshadowing of ADHD as evident in Tabby's experience. Tabby had multiple diagnoses, including BPD and bipolar disorder, and describes experiencing significant invalidation and stigmatization when seeking support after becoming a mother. It is well established that certain diagnoses, such as BPD, carry stigma within health systems (Klein et al., 2022), contributing to a barrier in accessing mental health support. Therefore, for mothers with additional mental health needs accessing ADHD-related support could prove even more challenging. The women in this study who describe experiences of invalidation from healthcare professionals, became reluctant to continue seeking help, which prolonged their distress. As many mothers do, these women also turned to family members and friends for support. However, their challenges were not adequately understood and were given advice geared towards neurotypical parents.

In their search of support, the mothers' highlighted certain qualities in healthcare workers that facilitated help-seeking. Most mothers described having one healthcare worker that listened to their concerns and provided the right guidance to help them explore the possibility of ADHD. All mothers illustrated the importance of the therapeutic alliance, characterised by trust, open communication and having a respectful and non-judgmental stance. Therapeutic relationships are key in positive healthcare outcomes (Hartley et al., 2020). Within pre- and post- natal care, supportive relationships between women and midwives founded on mutual respect, shared power and working in partnership are described as fundamental by the World Health

Organization (2016). Healthcare workers should be supported to prioritize the development and maintenance of therapeutic relationships.

The lack of specificity in ADHD criteria and the high levels of co-occurrence with other mental health difficulties create an additional barrier to getting an accurate diagnosis and support. All mothers in this study approached their primary care providers with concerns around their mental health in the first year after having a baby. Almost all of them were diagnosed with PND and were offered pharmacological treatment (i.e. antidepressant medication). PND is a common condition affecting mothers after the first year of a baby's birth (Royal College of Psychiatrists, 2018). The aetiology of PND is complex and is typically attributed to a combination of biological, psychosocial and environmental factors (O'Hara, 2009). Hormonal changes, stressful life events, previous mental health difficulties, lack of social support and financial difficulties are some of the contributors identified (Makkar, 2018).

Women with ADHD are found to be more likely to experience perinatal distress and PND (Andersson et al., 2023). Becoming a mother signifies a period of significant hormonal changes. Although the literature in this area is limited, the available studies suggest that hormonal fluctuations across the lifespan may influence ADHD symptom severity (Bürger et al., 2024; Quinn & Madhoo, 2014). It is believed that in individuals with ADHD, levels of dopamine are reduced across several brain regions which not only elicit the ADHD symptoms, but also play a role in reduced mood (Volkow et al., 2009; Dorani et al., 2021). Additionally, the changing hormone levels throughout the menstrual cycle are also suggested to play a role in ADHD symptom severity (Haimov-Kochman & Berger, 2014), something that the mothers alluded to in their narratives. Therefore, it seems that underpinning biological mechanisms and hormonal fluctuations may play a role in how the mothers experienced their ADHD symptoms during this period. Thus, increased intensity of ADHD symptoms may have created a more difficult experience for the mothers and contributed to low mood.

Whilst biology is important to keep in mind, we also need to consider other factors that may make new mothers with ADHD more vulnerable to developing PND. As discussed earlier, mothers experience a mismatch between their expectations of motherhood and their lived experiences. This incongruence led to them trying too hard to be the "perfect mother" leaving them overwhelmed and perceiving themselves as a "failure", bringing feelings of guilt, shame and inadequacy. For instance, most mothers described difficulties with managing multiple tasks (e.g. household chores and looking after a new baby), a common experience for individuals with an interest-based attention (Bertilsdotter Rosqvist et al., 2023). If we consider that the hormonal fluctuations during the post-partum period may increase this difficulty due to more intense ADHD symptoms, it is not surprising that these women found this time of life particularly difficult. Additionally, as discussed in the previous section, the mothers described masking their ADHD traits to fit in. Masking has been linked with increased levels of burnout, anxiety and depression (Evans et al., 2024), which may be an additional factor contributing to the diagnosis of PND that the mothers in this study received.

Interestingly, many of the women in this study shared that they do not believe that they had PND, but felt that the emotional consequences, the isolation and lack of motivation they experienced was a result of their undiagnosed ADHD. This is further supported by the fact that the mothers found that the interventions offered (e.g. antidepressants, CBT for depression) were not beneficial. Therefore, it is important to consider whether the experience of these women was in fact PND or whether their distress was a result from trying to navigate motherhood in a neurotypical world. Clinicians should consider whether additional factors contributed to an experience that resembles PND, to ensure that the right support is provided.

Embracing motherhood with ADHD

Navigating life with undiagnosed ADHD may impact overall functioning, quality of life and self-esteem (Able et al., 2007). Receiving an ADHD diagnosis in adulthood provides an explanation for the difficulties people are experiencing (Hansson Halleröd et al., 2015). Having a new framework of understanding one's own self and difficulties can alleviate feelings of inadequacy and failure, reduce self-blame and increase self-acceptance. These profound psychological effects are highlighted in a study by Young et al. (2009) as they suggest that receiving a diagnosis allowed individuals to review past experiences through a positive lens and make sense of those experiences with an external explanation. Furthermore, Morgan (2023) found that women with ADHD were able to reframe their past experiences following diagnosis and recognize that many of their challenges were related to an underlying condition rather than personal shortcomings. These findings reflect the experience of the women in this study, who were able to reframe their difficulties and better understand their selves. They express a sense of relief that their ADHD was recognised, though they also share their frustration that it was not identified sooner. All mothers noticed a reduction in their self-criticism following a diagnosis, which is consistent with the current literature (Beaton et al., 2020; Beaton et al., 2022).

Following identification and diagnosis, the mothers in this study were able to approach their challenges from a place of kindness. In turn, this had a positive impact on how their parenting and their relationship with their children. Very few studies focus on maternal ADHD in the postnatal period, however it has been suggested that maternal ADHD may lead to more warmth when parenting a child with ADHD (Kittel-Schneider et al., 2021). Whilst not identified as a key theme, it emerged that many mothers in the study began their own diagnostic process after one of their children was put on an assessment waiting list. All mothers in the study have at least one neurodivergent child (i.e. autism, ADHD, dyslexia), either formally diagnosed or currently awaiting assessment. The mother-child relationship for all participants was characterized by warmth and empathy, as the mothers were able to relate with ADHD traits and experiences such as sensory overwhelm, meltdowns and shutdowns.

The role of diagnosis in the development of self-compassion

Receiving a diagnosis of ADHD was a pivotal moment for the mothers. Through this process they were able to explain their difficulties; it allowed them to understand themselves better, develop self-compassion and reduce self-criticism. Young et al. (2008) discuss the experience of receiving a diagnosis of ADHD later in life. They suggest that the experience of being diagnosed prompts adults to engage in a “life review” and following a process of emotional adjustment, they are able to reframe their life experiences through the lens of ADHD. A similar process was described by the mothers of this study, whereby their ADHD diagnosis allowed them to view their past experiences and perceived “failures” in a kind and compassionate way. Many of the mothers had an intense positive emotional response after receiving their diagnosis. They described crying and feeling relief. Whilst being recognised as neurodivergent was something that all mothers perceived as positive, some describe a mixture of emotions following their diagnosis, including feeling frustration thinking about “what could have been” had they been diagnosed sooner. A sense of grief around navigating life unrecognised and undiagnosed was present throughout the third GET, which is consistent with the current literature of being diagnosed as an adult. Hansson Halleröd et al., (2015) note the feelings of disappointment, anger and frustration that adults experienced for not being diagnosed earlier in life.

All women that participated in this study noticed a change in how they perceived themselves following their diagnosis. The mothers described feeling validation that their challenges were recognised and understood by others, which is supported by similar findings in the current literature (Holthe & Langvik, 2017; Young et al., 2008). It is possible that this experience helped mothers to become kinder to themselves and begin to develop self-compassion. The development of self-compassion was identified as a direct result of the ADHD diagnosis by most participants. Neff (2003a) describes self-compassion as a kind and understanding way of relating to oneself. It comprises of three main components: 1) being kind and curious rather than self-critical (*self-kindness vs self-judgement*); 2) recognizing that suffering is a common experience and not isolated to oneself (*common humanity vs isolation*); and 3) having a mindful stance towards thoughts and feelings, rather than overidentifying with negative ones (*mindfulness vs overidentification*). Thus, when an individual responds with self-compassion, they recognise that all people have negative experiences, can take a balanced view of these experiences, and treat themselves with acceptance and kindness, without being judgemental, feeling like bad things only happen to them, or becoming over-identified with the negative feelings they experience. Meta analyses show that self-compassion is significantly associated with positive emotional wellbeing, social connectedness and lower levels of anxiety and depression (Ferrari et al., 2019).

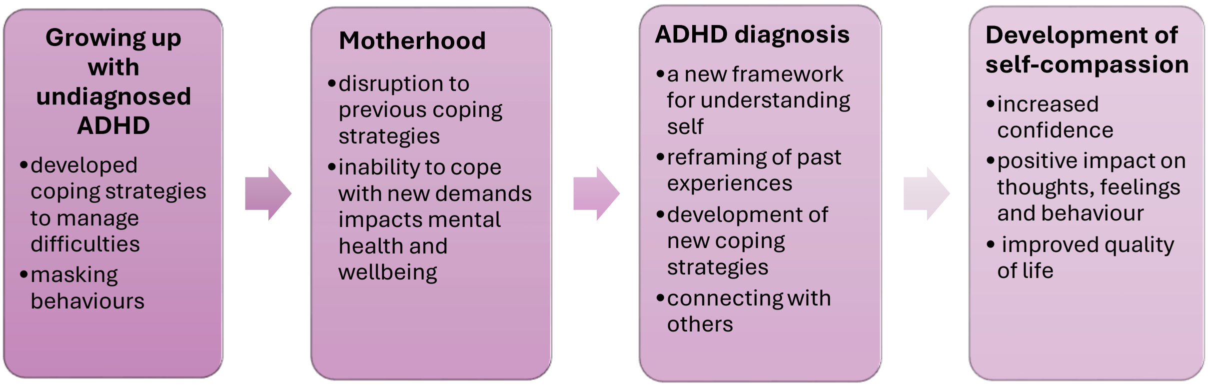
Those three elements of self-compassion seem to be pertinent for the women in this study. Receiving a diagnosis of ADHD allowed them to understand themselves, be curious about what they have been experiencing and learn more about ADHD, which in turn helped them develop kind feelings towards themselves. The mothers acquired language that helped them make sense of what they were experiencing. This language helped them learn more about their ADHD and understand themselves better. Furthermore, the diagnosis of ADHD allowed these women to recognise that they are part of a larger community of people and understand that their experience is not isolated. The ADHD diagnosis fostered a sense of belonging and enabled them to connect with others with similar experience, creating a stronger sense of identity. Finally, through understanding themselves better they seem to be able to have a mindful stance towards their thoughts, feelings and behaviour.

The influence of the neurodiversity paradigm in the development of self-compassion is noticeable across the women's accounts. This can be seen in the language they use when describing their ADHD at present, as opposed to their past undiagnosed struggles. The use of terms such as "hyperfocus", "rejection sensitivity" and "neurodivergent" are commonly found within online neurodiversity and ADHD spaces, suggesting an engagement with those communities. Neurodiversity, being a self-advocacy movement possibly enhanced the sense of community and understanding that the mothers' particular struggles are a common experience among women with similar traits.

Overall, it seems that the development of self-compassion over time became possible through the diagnosis of ADHD, which allowed the mothers to understand themselves better and grow a sense of belonging (See Figure 3). Engaging with the neurodiversity paradigm seems to have influenced how the mothers started to make sense of themselves and their ADHD.

Figure 3

The impact of the ADHD diagnosis on self-compassion as described by the women in this study

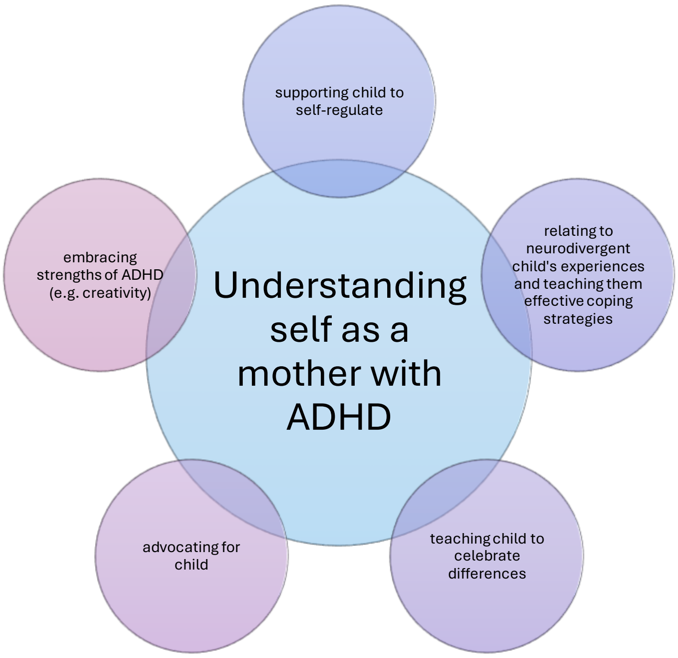


Reframing "good mothering"

In addition to developing a more positive outlook about themselves and their ADHD, the mothers in the study spoke about aspiring to be a good mother and starting to view positive aspects of their ADHD in relation to raising their children (See Figure 4). All mothers described a strong mother-child relationship despite the challenges they experienced, an important contributor to positive outcomes for children's wellbeing (Stafford et al., 2016). It was evident from the mothers' accounts that their view of themselves as mothers shifted following the identification of their ADHD and formal diagnosis. It is possible that approaching their challenges through a lens of kindness and self-compassion enabled mothers to recognise their strengths and utilize them in the way they parent their children. For instance, all mothers talk about creativity as a strength related to ADHD, that led to positive mother-child interactions.

Figure 4

The positive impact that understanding their ADHD had on the mothers' parenting



As discussed previously, all mothers had at least one child that is neurodivergent, which is not surprising considering the significant genetic component of ADHD and other neurodivergence, as well as their frequent co-occurrence (Grimm et al., 2020). The mothers felt able to relate to shared characteristics they recognized in their children, providing them with an "insider perspective". For instance, some mothers identified shared experiences with their children such as being overwhelmed by sensory stimuli that resulted in a meltdown or shutdown. They described that they became more resourceful in their parenting and supported their children by being proactive and teaching them coping strategies that were beneficial for them (e.g. anticipating sensory overwhelm, adapting the child's environment and removing excessive stimuli etc). In addition to shared experiences resulting directly from ADHD traits, they also related to the broader experience of difference. All mothers said that they could relate to the feeling of not being heard and understood when growing up, a shared experience among adult women with ADHD (Holthe & Langvik, 2017) that was present in the narratives of all participants. This knowledge seemed to enable the mothers to respond to their children with empathy and understanding, and adapt to their children's needs.

Many mothers emphasised identity work and advocacy on behalf of their children. They promoted the values of diversity and inclusivity, creating a space within the home where the children felt accepted, and their differences celebrated. Some participants with older children were open about their own ADHD with them, using their shared experiences as a way of connection and teaching their children about difference. The mothers describe parenting their children in a neurodiversity-affirming way, supporting them to embrace their identity. Whilst neurodiversity-affirming parenting has only been minimally researched, Lee et al. (2023) looking at the experiences of autistic adults and how they were parented as children, highlight the importance of parents embracing early diagnosis; prioritising the child's happiness rather than "neurotypical success"; and providing unconditional love and understanding for their child. Acknowledging and affirming neurodivergent is important as we can see from the experiences of neurodivergent adults (Kroll et al. ,2024). Within education and healthcare, neurodiversity-affirming recommendations focus on understanding the child's challenges and strengths and are thought to be paramount in promoting children's wellbeing (Izuno-Garcia et al., 2023), however more research is needed in this area. The mothers in this study also highlighted the importance of advocacy – for themselves, as discussed earlier, and their children. Most mothers viewed advocacy as crucial for their children to get access to support at school.

Supporting their children with emotion regulation was also addressed by some participants. As mothers had learnt more about their ADHD and developed strategies for self-regulation, they felt better equipped to support their children to self-regulate. Self-regulation refers to the ability to manage one's own emotions, thoughts and behaviours, and respond appropriately in different situations (Inzlicht et al., 2021). This ability of cognitive, emotional and behavioural regulation begins to develop in early childhood through interactions with caregivers and is a process that continues throughout development (Kopp, 1982). As most of the mothers described, parenting young children can be challenging and requires the ability to self-regulate, something that was difficult for the mothers at times. Regulating emotions, thoughts and behaviours can be an aspect of ADHD that is challenging (Katzman et al., 2017). As discussed previously, many of the women found emotional regulation particularly challenging once they became mothers. However, the mothers highlighted that following their diagnosis and understanding of their ADHD, they were able to regulate themselves better, and in turn support their children with this. It seems that the self-understanding that came with the identification of their ADHD allowed the mothers to engage in a process of co-regulation with their children (Lobo & Lunkenheimer, 2020), meaning that they helped their children regulate their emotions, thoughts and behaviour through responsive and warm interactions, whilst also learning to regulate their own self.

The challenges that the mothers experienced did not cease to exist once they received a diagnosis of ADHD. However, a significant change was evident in the way they understood their self as a woman with ADHD and as a mother with ADHD. The feelings of compassion and acceptance were also extended to their children, and these mothers were able to embrace motherhood with ADHD and reflect on the positive mother-child relationships they fostered.

Implications for practice and the role of Counselling Psychology

The present study reports the experiences of the eight participants that were interviewed, however it provides important insights that can be applicable to others with similar characteristics. The findings of the current study have several implications in informing policy, guidance and clinical practice among those working in primary care, maternity and post-partum care, education, adult mental health services and CAMHS. These findings also contribute to the understanding and knowledge of an experience that is under-researched, therefore raising awareness of the strengths and challenges of motherhood with ADHD.

Policy, guidance and training

It is a reality for many women with ADHD that they are diagnosed later in life, many times after becoming mothers, having faced significant barriers to diagnosis and support (Attoe & Climie, 2023; Hinshaw et al., 2022; S. Young et al., 2020). For many women, identifying their ADHD has included a long history of approaching their primary care providers and having negative experiences, as was the case for the women in this study. Most mothers in this study approached their GPs, midwives or health visitors with concerns around their functioning and mental health in the first year post-partum and recall that ADHD was never considered as a possibility. They attributed this to a lack of understanding and awareness around ADHD, whilst also highlighting the lack of post-diagnostic support available.

Current UK practices treat ADHD as a “niche” condition, requiring specialist care. Recommendations from NICE guidelines indicate that diagnostic assessments should be carried out by adult mental health professionals with specific training focused in the diagnosis and treatment of ADHD (NICE, 2018). Following diagnosis, ADHD is typically managed within secondary or specialist mental health services. This emphasis on specialization may hinder access to identification, assessment and treatment, and has resulted in calls from healthcare professionals and researchers for a joined-up provision in primary care (Asherson et al., 2022). As French et al. (2020) report, attitudes and knowledge around ADHD are among many of the barriers to identification in primary care. Additionally, post-diagnostic support is mainly focused on pharmacological interventions (NICE, 2019), and psychosocial interventions are not always available to adults with ADHD.

At present time, the care available for ADHD across the UK cannot meet the current demands, and current policy and guidance fail to recognize the needs of women with ADHD (Young et al., 2020). National policy and guidance regarding perinatal care and ADHD is non-existent. In early 2024, NHS England announced a new ADHD taskforce with the aim to improve the current state of ADHD services. It is important that the needs of mothers with ADHD are considered in the re-design of these services, and that they are used to inform policy and guidance to ensure that mothers with ADHD are recognised and diagnosed timely, and their needs are understood and met. With this knowledge in mind, counselling psychologists in leadership positions should aim to influence these wider systemic issues. Recognizing the needs of mothers with ADHD at national policy level is important, as it has a direct impact on local trust policies and guidance for practitioners.

Furthermore, these women's experiences suggest that a gap of awareness is still present among healthcare professionals. Outdated knowledge and stereotypes can result in new mothers falling through the gaps, which can have a profound impact on their wellbeing and the wellbeing of their children. Thus, primary care practitioners, midwives and health visitors will benefit from additional training in understanding and recognizing ADHD in women to guide accurate diagnosis and support. Training for professionals should aim to address the following issues: 1) the stigma, stereotypes and misinformation surrounding ADHD; 2) the gaps in knowledge and lack of awareness around motherhood with ADHD, that includes strengths and challenges, as well as the impact of normative expectations of motherhood on the emotional wellbeing of these women, as demonstrated in this study; and 3) the relationship between PND and ADHD. An increased awareness among professionals will improve the healthcare experiences of mothers and hopefully encourage mothers to come forward and engage with services to seek support and prevent negative mental health outcomes. Recommendations for training for staff working with women with ADHD in the peri- and post- natal period is described in the table below (See Table 4).

Table 4

Recommendations for the content of training on ADHD and motherhood for professionals working with women with ADHD

Recommendations for the content of training	Misinformation and stereotypes around ADHD are ubiquitous. The training should challenge misinformation about ADHD where possible and promote knowledge based on accurate sources of information.
	Pregnant women or mothers may not be aware of their ADHD, as it is common for women to be diagnosed at a later age. The training should provide accurate information regarding ADHD presentations in women.
	Mothers with ADHD may engage in masking, meaning that they may adapt their behaviour to hide their ADHD traits or difficulties that may arise from these. Masking behaviours may prevent partners, loved ones and professionals knowing the full extent of their ADHD-related difficulties
	Mothers with ADHD may find certain aspects of motherhood overwhelming due to sensory overwhelm and the increased demands that involve executive functioning (e.g. organization, planning, working memory etc.)
	Mothers with ADHD may need support to self-advocate and may struggle to present to services due to past experiences with professionals
	Hormonal changes during precnancy and the post-partum period may increase the intensity of ADHD symptoms, creating additional challenges and impacting mothers' mood.
	Women with ADHD (diagnosed or undiagnosed) may experience low mood in the post partum period. This training should provide information about ADHD and PND to support professionals in making an accurate diagnosis in order to provide appropriate support

It is important that training is co-created in collaboration with mothers with ADHD, in a bottom-up process to develop services that centre the voices of the communities they serve. The importance of co-production is recognised and promoted in NHS service design and delivery (NHS England, 2017) and is in line with the neurodiversity paradigm, which emphasises the voices of neurodivergent individuals.

Furthermore, the findings of this study can provide important insights to professionals working with children and their families in mental health and education. At present, parental ADHD is not typically taken into consideration in CAMHS, as there are no relevant professional guidelines. However, understanding maternal ADHD may be used to inform formulation to help clinicians working with neurodivergent children. This knowledge may also be beneficial to educators. Creating links and positive relationships with parents and carers is an important part of the Whole School Approach (WSA) as it has been shown to have a positive impact on students' wellbeing, academic attainment and overall school experience (DfE/DoH, 2017). Therefore, being understanding to the challenges of being a parent with ADHD and providing accommodations when needed may lessen mothers' negative experiences with schools, help to improve the relationship between parents and school and indirectly support the wellbeing on the child.

Clinical practice

There are various points in time in the system where mothers with ADHD can be supported more directly. Women with ADHD could potentially be identified at the antenatal stage by midwives or perinatal mental health teams and then offered psychoeducation around ADHD, and the challenges that may come with this. Psychoeducation is shown to be an effective intervention in mental health settings (Sarkhel et al., 2020) and may support women to get a better understanding of themselves. As the present study suggests, understanding ADHD seemed to be an important factor that allowed the mothers to develop self-compassion and acceptance, which in turn had a positive impact on their parenting and relationship with their children.

Individual therapeutic support can also be used to support mothers with ADHD who seek help. The mothers in this study who accessed psychological interventions reported mixed experiences. Some mothers were offered therapy prior to their ADHD diagnosis, which focused on reducing “depressive symptoms” and did not account for their ADHD. This type of therapy was not perceived as helpful and highlights the importance of accurate recognition and distinction between ADHD and PND. On the other hand, the mothers that engaged in psychological therapy following their ADHD diagnosis found it beneficial and wished they had accessed it earlier. As supported by the findings of this study, psychological therapy focusing on the development of self-compassion and reduction of self-critical thoughts and beliefs was essential in supporting mental health and wellbeing for the mothers. Cultivating compassion may be important, particularly for women with ADHD who have developed self-critical beliefs due to past invalidating experiences, in line with current evidence (Beaton et al., 2020, 2022b). Wilson et al.(2018) in their systematic review and meta-analysis found evidence of the effectiveness of third wave therapies that focus on self-compassion, including Compassion Focused Therapy (CFT), Mindfulness Based Cognitive Therapy (MBCT) and Acceptance and Commitment Therapy (ACT). Mothers with ADHD might benefit from such therapeutic interventions to help them address feelings of shame, guilt and inadequacy resulting from years of navigating life without a diagnosis and engaging in unfair comparisons with societal narratives of motherhood. However, it is important that practitioners hold in mind that these interventions have been created by and aimed at neurotypical people. Therefore, clinicians should adopt a flexible approach and offer adaptations to suit the needs of busy and exhausted mothers who may struggle with aspects of cognitive behavioural therapies, such as homework tasks.

For Counselling Psychologists and other psychological therapists, a holistic and intersectional lens when working with mothers with ADHD is key. A key theme identified in this study was the conflict between the beliefs and expectations that the mothers held which were influenced by society and their lived experience of motherhood. Additionally, unhelpful cognitions (e.g. all-or-nothing thinking) often appeared in the mothers' stories and seemed to have significant emotional impact. Counselling psychologists working with mothers with ADHD can support them to identify and challenge those beliefs and thinking patterns, especially considering the implications that cognitive distortions have in mental health difficulties including anxiety and depression (Beck, 1963).

Within the therapy space, it is important to validate mothers' experiences and their ADHD identity, allowing them to express their emotions in an open and non-judgmental environment. Kroll et al. (2024) discuss the importance of acknowledging and validating clients' neurodivergent identity as a key component of mental health treatment. The present study demonstrated the importance of validation and acceptance in the mothers' wellbeing, sense of identity and experience of healthcare. The minority stress that women with ADHD may have experienced compared to their neurotypical counterparts, could contribute to the experience of feeling alienated, stigmatized and marginalized. As Botha (2022) suggests, suppressing neurodivergent traits and needs through masking and camouflaging behaviours may serve as a protection against stigma but can come at a significant cost on neurodivergent individuals' wellbeing. Understanding this as a potentially traumatising experience for many women with ADHD is important for clinicians who should aim to develop a trauma-informed, neurodiversity-affirming approach when working with this client group.

These practices should be a key part of our work as counselling psychologists, particularly for those of us working with neurodivergent individuals, starting at doctoral training and continuing through professional development. Furthermore, counselling psychologists should aim to develop and maintain a strong therapeutic alliance founded on respect, understanding, compassion, openness and non-judgment. The importance of this was emphasised by the mothers in this study, and it is in line with the ethos and philosophy of counselling psychology (Woolfe, 2016). It is particularly important for counselling psychologists be mindful of the potential mistrust towards mental health professionals that mothers with ADHD may have, resulting from prior experiences of invalidation due to the dominant narratives of the deficit-based medical model of ADHD. Finally, counselling psychologists should be aware of masking behaviours and their impact on mental health and keep this in mind during assessment and formulation.

Group interventions may be another way to offer support to mothers with ADHD. Group interventions are often preferred due to their cost-effectiveness, however they can be an important source or peer support, as proposed in this study. Meeting mothers with ADHD who had similar experiences in informal settings (e.g. friends, online spaces) was beneficial for the mothers in this study, as it fostered a sense of belonging and feeling understood. This also allowed mothers to exchange information and learn practical tips to help them manage their ADHD-related difficulties (e.g. use of earplugs to manage sensory overload). It is suggested in previous research that group support is beneficial for individuals with ADHD as it promotes a healthy sense of identity, reduces stigma and shame, and enables acceptance and connectedness (Cantor, 2000; Matheson et al., 2013).

Suggestions for future research

This study has provided insight into the experiences of motherhood with ADHD and has opened up possibilities for further research. Further research should consider the experiences of both mothers and fathers as parents with ADHD to aid professional understanding, inform support strategies and challenge societal stereotypes. Additionally, more research focusing on intersectional experiences is needed. Per my introductory chapter, it would be important to carry out similar studies with a more ethnically and racially diverse sample, as this is a limitation of much of ADHD research. Furthermore, this study elucidated the poor understanding we currently have regarding the relationship between ADHD and PND. Research that aims to further our understanding of those two experiences may result in a more robust and accurate diagnostic process. Additionally, it may help the development of screening tools to identify women who are at risk of developing PND. Finally, a further exploration of the use of compassion focused interventions would be beneficial to support the development of effective and empowering offers of support to mothers with ADHD. It is vital that future research in the field of ADHD considers inclusive research practices and participation to ensure that research is done “with” people rather than “on” them.

Strengths and Limitations

To my knowledge, this research is the first IPA study in the UK that focuses on the lived experience accounts of what it is like to navigate motherhood as a woman with ADHD.

With this I hope to contribute to the understanding of the needs and challenges of women with ADHD as they become mothers, hoping to better support them and their children. My choice of methodology allowed me to give voice to a group of women that have long been excluded from research and whose voices often remain unheard. While small, homogenous samples facilitate an idiographic, close immersion in the data, which is in keeping with IPA's principles, a small sample does not lend itself to generalisations. It is common for qualitative researchers to state lack of generalizability as a limitation to their studies (Smith, 2018). This study does not intend to generate generalisable data, or make any claims to the truth or objectivity. Instead, it aims to deepen understanding of the phenomenon being a mother with ADHD, and to facilitate supporting women.

This study is also subject to limitations. Whilst participants in this study are diverse in terms of class, age and geography, the study lacks racial, ethnic and cultural diversity. I struggled to recruit participants from ethnically minoritized backgrounds, and the overwhelming majority of the women that contacted me were White British women. There are many reasons that potentially explain this. I recruited participants from Facebook groups, and whilst this recruitment strategy has certain benefits (e.g. cost-effective, fast), it appears that this may lead to an over-representation of young white women in participant samples (Whitaker et al., 2017). Additionally, one of the inclusion criteria for this study was the requirement of a formal diagnosis of ADHD. Perhaps this is indicative of the intersection of gender and racial bias in the ADHD diagnostic process. Thus, it is important to reflect on whose voice might have been lost or excluded in this recruitment approach.

Finally, I did not exclude co-occurring conditions, nor did I specifically inquire, though all participants disclosed experiencing mental health difficulties in the past. Some had formal diagnoses (e.g. BPD) and some describe experiencing anxiety throughout their life. Most women were also diagnosed with PND. Therefore, my data cannot state with certainty that the difficulties that these mothers experienced during motherhood were due to ADHD or are influenced by potential other mental health condition or neurodivergence. However, there is enough research to suggest that women with ADHD experience increased challenges and a profound impact on their emotional wellbeing due to ADHD symptoms, increased stigma and being undiagnosed/misdiagnosed (Hinshaw et al., 2022; Young et al., 2020; Young et al., 2019). Therefore, it is highly likely that their experience of motherhood, and the challenges involved have been in some way influenced by their ADHD. Whilst this study focuses on ADHD as the main experience, the high co-occurrence of ADHD and other neurodivergence (Bonti et al., 2024) suggests it is likely only one aspect of the whole picture. Many women with ADHD may also be autistic, dyspraxic or dyslexic, and these experiences have not been taken into account in the present study, though many of the findings may still be relevant for these populations. Future research may be needed to explore the experiences of multiple co-occuring neurodivergence in motherhood.

Conclusion

Summary of research findings

This study set out to explore the experience of being a mother with ADHD, an under-researched area that is of high importance in the lives of women with ADHD, as evidenced by the findings of this study and the overwhelming response for potential participants. Motherhood is a significant aspect of life for women who are mothers, and can be filled with joys and challenges. Mothers' wellbeing and mental health is important as it has an impact not only on the self, but also the child and loved ones.

The findings of this research shed light to the struggles and strengths that mothers with ADHD experience. Motherhood myths, gender roles and stereotypes of ADHD have created a "perfect storm" for new mothers with ADHD; an ideal place for feelings of guilt, shame and inadequacy to develop. A neurodivergence-affirming viewpoint, such as the theory of monotropism, can illuminate our understanding of the unique challenges that come with ADHD traits.

This study elucidated the challenges of navigating life and motherhood with undiagnosed ADHD, and the arduous and lengthy experience of diagnosis and support. There are many barriers that prevent women being correctly identified and accessing support. Stigma and misconceptions around ADHD among healthcare professionals remain present and has a negative impact in the experience of help-seeking. Lack of understanding and previous invalidating experiences may make women less likely to seek help. Additionally, diagnostic overshadowing and our poor understanding of the relationship between ADHD and PND may lead women to be missed or misdiagnosed, and as a result receive the wrong kind of support.

The role of diagnosis played a significant part in the mothers' journey to understanding and accepting their self. The findings of this study highlight the importance of self-compassion in helping mothers to reframe their experiences; reducing feelings of shame, guilt and inadequacy; and promoting a healthy sense of identity. The development of a self-compassionate stance also allowed mothers to reflect on the positive elements of motherhood with ADHD, despite the challenges involved. Themes of empathy and connection to their children were present in the mothers' narratives. Their own experience of growing up with ADHD enabled the mothers to develop responsive and supportive relationships with their children; adapt to their needs through creativity and resourcefulness; help them self-regulate and develop helpful coping strategies; and promote the values of acceptance, diversity and inclusion.

Final Reflections

Engaging with this research for the past three years has been a long and demanding journey, yet the process was also inspiring and empowering. My motivations for choosing to do this study came from my own personal experience of ADHD. I wanted to understand the essence of what it is like to be a mother with ADHD and increase awareness of this experience that was not really talked about anywhere besides women's ADHD spaces.

At times I found that my insider status was emotionally taxing. I was moved by the stories the participants so openly shared with me and was struck by their resilience, strength and resourcefulness. Unsurprisingly, many of the experiences they shared felt familiar and resonated with me. Others, such as hearing about the systemic discrimination and ableism these women experienced at a time when they were most vulnerable, was overwhelming and frustrating. Throughout the research process I felt an intense sense of responsibility to ensure that I do justice to the stories the mothers shared with me. This often made me question my interpretations during the analysis, and I found myself returning to the initial interviews to read time and time again.

Throughout this process I have remained committed to disseminating the findings of my research, with the hope to raise awareness of ADHD in women and promote action at multiple levels. Presenting my preliminary findings in the 2024 Division of Counselling Psychology Annual Conference was illuminating in seeing the importance of this topic within the community of women with ADHD, as I had the opportunity to engage in conversations with peers who also had lived experience of being a mother with ADHD.

Willig (2013) recommends reflecting on the impact of the research process on the researcher, and thinking about this has shown me how my understanding of ADHD has evolved in relation to myself and my clients. Reading, analysing, theorising and writing about the experiences of these mothers enabled me to fully appreciate the strengths and struggles of navigating motherhood as a woman with ADHD. Engaging in this research experience has been an important contributor in how I approach my clinical work. I believe that learning about mothers' experiences of ADHD will enrich my work with children and families and help me build supportive and empathic therapeutic relationships. Together my experience of doctoral training and the process of undertaking this study have highlighted the importance of having a phenomenological stance. Taking the time to fully understand my clients' lived experience is something that I value and will continue to maintain in my clinical work.

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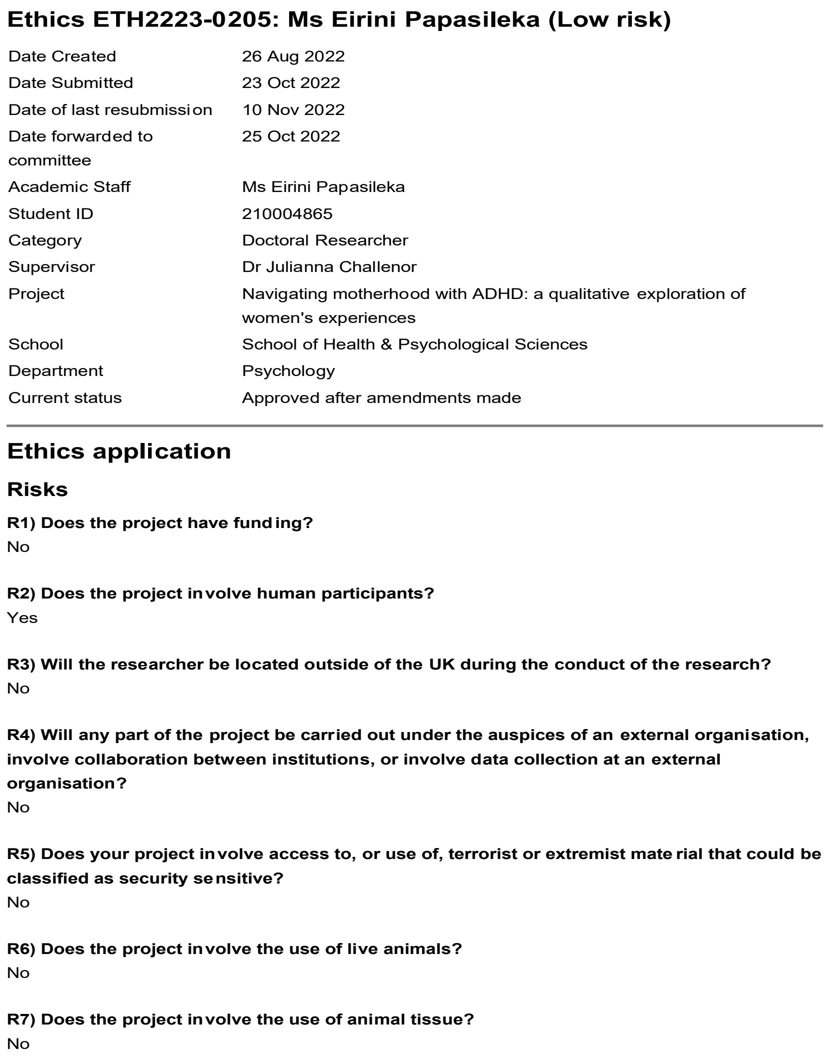
Appendices

Appendix A: Ethics Approval



Ethics ETH2223-0205: Ms Eirini Papasileka (Low risk)

Date Created	26 Aug 2022
Date Submitted	23 Oct 2022
Date of last resubmission	10 Nov 2022
Date forwarded to committee	25 Oct 2022
Academic Staff	Ms Eirini Papasileka
Student ID	210004865
Category	Doctoral Researcher
Supervisor	Dr Julianna Challenor
Project	Navigating motherhood with ADHD: a qualitative exploration of women's experiences
School	School of Health & Psychological Sciences
Department	Psychology
Current status	Approved after amendments made

Ethics application

Risks

R1) Does the project have funding?
No

R2) Does the project involve human participants?
Yes

R3) Will the researcher be located outside of the UK during the conduct of the research?
No

R4) Will any part of the project be carried out under the auspices of an external organisation, involve collaboration between institutions, or involve data collection at an external organisation?
No

R5) Does your project involve access to, or use of, terrorist or extremist material that could be classified as security sensitive?
No

R6) Does the project involve the use of live animals?
No

R7) Does the project involve the use of animal tissue?
No

R8) Does the project involve accessing obscene materials?

No

R9) Does the project involve access to confidential business data (e.g. commercially sensitive data, trade secrets, minutes of internal meetings)?

No

R10) Does the project involve access to personal data (e.g. personnel or student records) not in the public domain?

No

R11) Does the project involve deviation from standard or routine clinical practice, outside of current guidelines?

No

R12) Will the project involve the potential for adverse impact on employment, social or financial standing?

No

R13) Will the project involve the potential for psychological distress, anxiety, humiliation or pain greater than that of normal life for the participant?

No

R15) Will the project involve research into illegal or criminal activity where there is a risk that the researcher will be placed in physical danger or in legal jeopardy?

No

R16) Will the project specifically recruit individuals who may be involved in illegal or criminal activity?

No

R17) Will the project involve engaging individuals who may be involved in terrorism, radicalisation, extremism or violent activity and other activity that falls within the Counter-Terrorism and Security Act (2015)?

No

Applicant & research team

T1) Principal Applicant

Name
Ms Eirini Papasileka

T2) Co-Applicant(s) at City

T3) External Co-Applicant(s)

T4) Supervisor(s)
Dr Julianna Challenor

T5) Do any of the investigators have direct personal involvement in the organisations sponsoring or funding the research that may give rise to a possible conflict of interest?
No

T6) Will any of the investigators receive any personal benefits or incentives, including payment above normal salary, from undertaking the research or from the results of the research above those normally associated with scholarly activity?
No

T7) List anyone else involved in the project.

Project details

P1) Project title
Doctoral Research Project

P1.1) Short project title
Exploring the experiences of first-time mothers with ADHD

P2) Provide a lay summary of the background and aims of the research, including the research questions (max 400 words).
Attention Deficit Hyperactivity Disorder (ADHD) is a neurodevelopmental condition characterized by a persistent pattern of difficulty maintaining attention, hyperactivity, and impulsivity. ADHD continues to affect people in adulthood, though it has long been considered a "childhood condition" predominantly affecting boys. However, the different presentation, experience and needs of girls and women with ADHD is increasingly recognised.

The significant societal stigma that surrounds ADHD, as well as gender, racial and class stereotypes often become a barrier in accessing diagnosis and support. Literature suggests that ADHD is linked with increased anxiety, depression and worse health outcomes. The majority of research in the field of ADHD is focused on the negative impact it has, often overlooking the lived experience of people with ADHD, particularly women.

ADHD in the peri- and post-natal period has been highlighted in the recent years, however literature in this area is still minimal. The societal expectations, increased demands of parenting, hormonal changes and the link of ADHD with post-natal depression and anxiety suggest a need for more research in this area.

The present study aims to address these gaps in the literature with the following question:

1. How do first-time mothers diagnosed with ADHD experience the transition to motherhood?

It is hoped to get a better insight into how women make sense of their experience as new mothers and their identity as mothers with ADHD. A further interest of this study is to explore how they experience the challenges of mothering with ADHD and what has helped in this period of time.

P4) Provide a summary and brief explanation of the research design, method, and data analysis.

A qualitative research method will be employed given the exploratory nature of this study. This will involve the use of Interpretative Phenomenological Analysis (IPA). IPA is a qualitative methodology that aims to examine a topic from the perspective of the person's own lived experience (Eatough & Smith, 2017). IPA is grounded in phenomenology and hermeneutics. Phenomenology is interested in a phenomenon as it is consciously experienced by the individual in their socio-cultural context (Willig, 2017). Hermeneutics refers to the process of how experience is interpreted. The researcher attempts to understand the participants' experience through their process of interpretation and meaning-making, whilst the participants' are also trying to make sense of their own experiences in a process termed "double-hermeneutic" (Smith et al., 2022).

IPA was chosen for this study for a number of reasons. First, the aim of this study is to obtain rich and detailed accounts of the lived experiences of women with ADHD in their transition to motherhood. IPA seemed a good fit as it is concerned with the lived experience of the individual and it is an approach well placed in examining major life transitions (Smith et al., 2022).

Finally, there is a gap in ADHD literature with regards to centring the individuals' lived experiences and the ideographic focus of IPA fits this purpose well. As a methodology, it is viewed as "giving a voice" to the individual experience (Larkin et al., 2006) which is aligned with my hopes for this study.

A proposed interview schedule that will guide the questions has been created based on the literature search. The questions will be neutral and open-ended, starting with a broad question and moving to more specific questioning (Smith et al., 2022).Interviews will be transcribed verbatim.

IPA has established and well-defined protocols outlined by Smith et al. (2022) that can be adapted to meet the research objectives. It is recommended that the researcher immerses themselves in the data. This includes reading the transcripts several times, understanding the participant's point of view, and re-listening to the interview recordings. At this stage the researcher is advised to make comments and comprehensive notes which will later be transformed into emergent themes. At the final stage, the researcher looks for connections between themes that are clustered in similar groups and then checked against the original transcript (Smith & Osborn, 2003). These stages are repeated for each transcript and a final table will be compiled outlining the common themes that are found for each participant. The software programme NVivo will be used to support the analysis.

Expert By Experience Involvement

In order to introduce an Expert by Experience involvement element in the study, in line with the ethos of counselling psychology, it is planned to have input from individuals with lived experience of ADHD or motherhood or both. The expectations and depth of involvement will be outlined and mutually agreed at the outset to avoid later confusion or tension. The timeline of the study will also be shared to ensure that suggestions and proposals are realistic for this particular project. Experts by experience will be invited to consult on the following areas a) the interview guide and b) study materials, including participant information sheet and recruitment flyer.

A proposed interview schedule that will guide the questions has been created based on the literature search. It is hoped that the final version of the interview schedule will be decided after consultation from Experts by Experience to ensure that the questions that are asked in the interviews are reflective of what really matters for this particular population. Experts by Experience will also be consulted on the recruitment flyer and participant information sheet to inform the language used and ensure that the material are accessible and lay-friendly.

In case of conflicting opinions, the researcher will be advised by the group consensus, the existing literature and the research supervisor.

The researcher will contact the following groups/individuals for potential collaboration: a) the Service Users and Carers Group Advising on Research (SUGAR group) within City, University of London b) relevant charities (e.g. the ADHD Foundation) and c) individuals from relevant online communities. A summary of any changes to the project resulting by Expert By Experience input will be kept.

P4.1) If relevant, please upload your research protocol.

P5) What do you consider are the ethical issues associated with conducting this research and how do you propose to address them?

People with ADHD are likely to experience co-occurring mental health difficulties (e.g. anxiety and low mood), and it would not be right to exclude a group of people based on the fact they have experienced mental health difficulties. However, it is important that there are procedures in place to look after the wellbeing of participants and minimize potential risk of harm. Whilst a co-occurring mental health diagnosis will not be an exclusion criterion, people who are experiencing current acute psychological distressed may be excluded. In order to decide who is eligible to participate in the study, participants will first take part in a screening phone call following an initial expression of interest. Potential participants will be asked the following questions: 1) are you currently receiving support or treatment by mental health services? 2) are you finding it more difficult than unusual to cope with day-to-day life? 3) Are you experiencing any thoughts of self-harm or suicide at the current time?

People who answer yes to the questions above will be excluded from the study on ethical grounds if it is felt that taking part would not be in their best interests or might cause them further distress. In this case they will be signposted to local support services (e.g. Mind, ADDISS support groups) as well as their GP, the Samaritans or A&E.

If people are eligible to participate to the study and become distressed during the interview process, they will be asked whether they wish to pause the interview, re-arrange the interview for a different time or withdraw from the study altogether. The researcher will try to ensure that participants are feeling stable before the end of the meeting, for example through practising a mindfulness exercise, exploring with them the support they can access following the meeting and providing them with information for additional support.

The project will adhere to the HCPC ethical guidance for students (Health and Care Professions Council, 2016) and the BPS ethical guidelines (The British Psychological Society, 2018). Written informed consent will be obtained from the participants, ensuring they have understood what the study involves and that they can withdraw their consent at any time. The true nature of the project will be explained to all participants both verbally and through a written information sheet before the interview begins. All participants will be debriefed fully following the interview. They will be given information about how they can contact the research team if they have any concerns about the project, and how they can self-refer to relevant support services if they feel that would be helpful. Finally they will be informed of their right to withdraw their data from the project up to the time it is analysed. In accordance with confidentiality requirements and data protection legislation, all participant data will be anonymised and stored electronically on a secure City, University of London OneDrive. Participants will be given a pseudonym when final data are reported and disseminated.

P6) Project start date
The start date will be the date of approval.

P7) Anticipated project end date
31 Aug 2024

P8) Where will the research take place?
The interviews will take place either at City, University of London or online (via Zoom or Teams). The transcription, data analysis and writing will take place in the researcher's home.

P10) Is this application or any part of this research project being submitted to another ethics committee, or has it previously been submitted to an ethics committee?
No

Human participants: information and participation

The options for the following question are one or more of:
'Under 18'; 'Adults at risk'; 'Individuals aged 16 and over potentially without the capacity to consent'; 'None of the above'.

H1) Will persons from any of the following groups be participating in the project?
None of the above

H2) How many participants will be recruited?
8

H3) Explain how the sample size has been determined.
IPA is concerned with providing a rich, detailed account of each participant’s experience, typically utilizing small sample sizes. The number of participants in IPA studies vary from single case studies to fifteen participants in some cases, however it has been recommended that six to eight participants is an appropriate number for UK professional psychology doctorates (Pietkiewicz & Smith, 2012).

H4) What is the age group of the participants?

Lower	Upper
18	

H5) Please specify inclusion and exclusion criteria.
Inclusion Criteria: participants must be cis women who are first time mothers and have received a formal diagnosis of ADHD by a medical or education professional. Participants must have given birth at least 1 year ago. They must also live in the UK and have fluency in the English language.

Whilst it is recognized that the identity of a number of ADHD individuals who are parents might fall outside of the gender binary, this study will particularly focus on the gendered experience of individuals who identify as women. It is also important that the women participants are biological mothers and not adoptive mothers, as the hormonal changes of pregnancy and the post-natal period are of interest in this study.

Exclusion Criteria: Participants must not be under 18 years old. Individuals who experience current distress and are currently involved in mental health services will not be asked to take part in the study in order to safeguard them from potential distress.

H6) What are the potential risks and burdens for research participants and how will you minimise them?

Whilst it is not expected that the topic of ADHD and motherhood will cause significant distress, participants will be invited to share how their diagnosis has impacted their experience of motherhood and parenting. This could potentially include experiences of ableism and discrimination, in which case it might cause feeling upset during the interview process.

At the outset, the researcher will ensure that the interview process is non-judgmental and a safe space for participants to explore their experiences of ADHD and motherhood. If participants become distressed during the interview process, they will be asked whether they wish to pause the interview, re-arrange the interview for a different time or withdraw from the study altogether. The researcher will try to ensure that participants are feeling stable before the end of the meeting, for example through practicing a mindfulness exercise, exploring with them the support they can access following the meeting and providing them with information for additional support.

H7) Will you specifically recruit pregnant women, women in labour, or women who have had a recent stillbirth or miscarriage (within the last 12 months)?

No

H8) Will you directly recruit any staff and/or students at City?

None of the above

H8.1) If you intend to contact staff/students directly for recruitment purpose, please upload a letter of approval from the respective School(s)/Department(s).

H9) How are participants to be identified, approached and recruited, and by whom?

Recruitment will take place via social media and online support groups. A number of UK-based Facebook groups have been identified (e.g. UK Women with ADHD, Disabled Mums Group, The Invisible Disability Support Group etc) as well as a large online community on Twitter (e.g. #AskADHD, #ADHDTwitter). A recruitment flyer will be posted providing information about the study. This information will also be posted as alternative text to increase accessibility. When approaching online groups, the group administrator will first be contacted and the flyer will be posted once permission is gained. Finally, the ADHD charities ADDISS and The ADHD Foundation will be contacted to enquire whether they can support with the promotion of the study.

Potential participants who express an interest in the study will be sent initial information about the project including the participant information sheet and will be asked to arrange a screening phone call. During the phone call participants will be given the opportunity to ask questions about the study or the participant information sheet. Additionally, potential participants for whom the particular subject generates significant distress during the phone call may be excluded from the study if it is felt that their participation would not be in their best interest.

H10) Please upload your participant information sheets and consent form, or if they are online (e.g. on Qualtrics) paste the link below.

H11) If appropriate, please upload a copy of the advertisement, including recruitment emails, flyers or letter.

H12) Describe the procedure that will be used when seeking and obtaining consent, including when consent will be obtained.

The researcher will obtain informed consent prior to the interview. Participants will be asked to confirm they have read and understood the participant information sheet (hard copies will be available, if necessary) and will be invited to ask questions if anything is unclear.

Participants will be emailed a copy of the signed consent form if signed remotely. If signed at a face to face meeting, participants will be given a hard copy.

Interviews will be arranged at least 48 hours after the participant information sheet has been sent to the participants so that they have time to process the information and ask questions.

H13) Are there any pressures that may make it difficult for participants to refuse to take part in the project?

No

H14) Is any part of the research being conducted with participants outside the UK?

No

Human participants: method

The options for the following question are one or more of:
'Invasive procedures (for example medical or surgical)'; 'Intrusive procedures (for example psychological or social)'; 'Potentially harmful procedures of any kind'; 'Drugs, placebos, or other substances administered to participants'; 'None of the above'.

M1) Will any of the following methods be involved in the project:

None of the above

M2) Does the project involve any deceptive research practices?

No

M3) Is there a possibility for over-research of participants?

No

M4) Please upload copies of any questionnaires, topic guides for interviews or focus groups, or equivalent research materials.

M5) Will participants be provided with the findings or outcomes of the project?

Yes

M5.1) Explain how this information will be provided.

On the consent form there is an option to indicate that participants wish to be informed of the results of the study. If participants choose this option, they will be contacted by the researcher via email.

M6) If the research is intended to benefit the participants, third parties or the local community, please give details.

This study aims to gain a better understanding of the experiences of ADHD womens' transition to motherhood.). It is intended that this study will enhance mental health professionals' understanding of the maternal experience of ADHD women in order to support their emotional wellbeing in the peri- and post- natal period. Additionally, the findings of such research could also support professionals within public health services, including psychologists, midwives and health visitors, make improvements in service provision.

M7) Are you offering any incentives for participating?

No

M8) Does the research involve clinical trial or clinical intervention testing that does not require Health Research Authority or MHRA approval?

No

M9) Will the project involve the collection of human tissue or other biological samples that does not fall under the Human Tissue Act (2004) that does not require Health Research Authority Research Ethics Service approval?

No

M10) Will the project involve potentially sensitive topics, such as participants' sexual behaviour, their legal or political behaviour, their experience of violence?

No

M11) Will the project involve activities that may lead to 'labelling' either by the researcher (e.g. categorisation) or by the participant (e.g. 'I'm stupid', 'I'm not normal')?

No

Data

D1) Indicate which of the following you will be using to collect your data.

Interviews

D2) How will the the privacy of the participants be protected?

Anonymised sample or data

D3) Will the research involve use of direct quotes?

Yes

D5) Where/how do you intend to store your data?

Password protected computer files

Storage on encrypted device (e.g. laptop, hard drive, USB

D6) Will personal data collected be shared with other organisations?
No

D7) Will the data be accessed by people other than the named researcher, supervisors or examiners?
No

D8) Is the data intended or required (e.g. by funding body) to be published for reuse or to be shared as part of longitudinal research or a different/wider research project now or in the future?
No

D10) How long are you intending to keep the research data generated by the study?
City research data storage guidelines are that transcripts are kept for 10 years.

D11) How long will personal data be stored or accessed after the study has ended?
Personal data, such as contact details, will be kept if participants wish to be informed of any publication that may result from the study which may happen after graduation. This information will be kept until publication of the research work.

D12) How are you intending to destroy the personal data after this period?
Personal data will be deleted from the City OneDrive after this period.

Health & safety

HS1) Are there any health and safety risks to the researchers over and above that of their normal working life?
No

HS3) Are there hazards associated with undertaking this project where a formal risk assessment would be required?
No

Appendix B: Participant Information Sheet

Title of study: *Exploring ADHD women's experiences of motherhood*

Ethics approval code: ETH2223-0205

Name of principal researcher: Eirini Papasileka

We would like to invite you to take part in a research study. Before you decide whether you would like to take part, it is important that you understand why the research is being done and what it would involve for you. Please take time to read the following information carefully and ask if anything is unclear or if you would like more information. You will be emailed a copy of this information sheet to keep.

What is the purpose of the study?

The aim of this study is to investigate the experiences of mothers with ADHD. This study forms part of a thesis for the Professional Doctorate in Counselling Psychology at City University London, and is intended to run until September 2024.

Why have I been invited to take part?

You have been invited to participate in this study as you have told the researcher you are a mother, diagnosed with ADHD (formal diagnosis from a medical or education professional). You are also over the age of 18 and have had a baby at least one year ago. Please inform the researcher if any of these details are inaccurate.

Do I have to take part?

Participation in this study is voluntary and you can choose not to participate in part or all of the project. You can withdraw at any stage of the project without being penalised or disadvantaged in any way. You will be able to avoid answering questions that you feel are too uncomfortable or intrusive without being penalised or disadvantaged in any way. It is up to you to decide whether or not to take part. If you do decide to take part you will be asked to sign a consent form. If you decide to take part you are still free to withdraw at any time and without giving a reason.

What will happen if I take part?

If you wish to take part you will be invited to attend a one-to-one interview expected to last 60-90 minutes. The interview will be held either remotely (on Teams/Zoom) or at City. The interview will be semi-structured, so there will be six or seven open-ended questions which are expected to lead onto further topics. You will be encouraged to take the lead in sharing your experiences. The interview will be audio recorded, all recordings will be made on an encrypted recording device and transferred to a password protected computer for storage. Recordings will be accessible only to the researcher. After the interview recordings will be transcribed, replacing any identifying or personal information with pseudonyms to ensure your identity remains anonymous. The data, including quotations will then be analysed using an Interpretative Phenomenological approach. This involves looking at your insights and how you have made sense of your experiences. The study is expected to last until September 2024 and recordings will be destroyed at the end of the study.

What are the possible disadvantages and risks of taking part?

Difficult or upsetting feelings or thoughts might arise for some participants if they had negative experiences involving ADHD and being a mother. If this was to occur, we would be able to take a break from the interview. Also, please remember your participation is voluntary and you are able to withdraw at any stage.

What are the possible benefits of taking part?

This is an opportunity to share your experience of motherhood as an ADHD woman and may provide a space to be listened to and reflect on what this has meant to you. You will also be contributing to research on an important topic that seeks to give ADHD women a voice to speak openly about their experience of motherhood which will contribute to knowledge on the topic and hopefully benefit people with ADHD.

Will me taking part in the study be kept confidential?

All information you disclose will be treated confidentially. All recordings will be accessible only to the researcher and stored securely on a password protected computer until they are destroyed at the end of the study. Confidentiality will only be broken if the researcher feels there is risk of serious harm either to yourself or others, or where the researcher is legally obliged to do so. All identifying or personal information will be replaced by pseudonyms in order to maintain anonymity. Your contact details will not be shared with any third parties and future use of personal contact information will be used only if you express interest in being informed of the results of the study once completed.

Data privacy statement

City, University of London is the sponsor and the data controller of this study based in the United Kingdom. This means that we are responsible for looking after your information and using it properly. The legal basis under which your data will be processed is City's public task.

Your right to access, change or move your information are limited, as we need to manage your information in a specific way in order for the research to be reliable and accurate. To safeguard your rights, we will use the minimum personal-identifiable information possible (for further information please see https://ico.org.uk/for-organisations/guide-to-data-protection/guide-to-the-general-data-protection-regulation-gdpr/lawful-basis-for-processing/public-task/.

City will use your name and contact details to contact you about the research study as necessary. If you wish to receive the results of the study, your contact details will also be kept for this purpose. The only people at City who will have access to your identifiable information will be the researcher. City will keep identifiable information about you from this study for 1 year after the study has finished.

You can find out more about how City handles data by visiting https://www.city.ac.uk/about/governance/legal. If you are concerned about how we have processed your personal data, you can contact the Information Commissioner's Office (IOC) https://ico.org.uk/.

What will happen to the results of the research study?

The findings of this study will be written up as part of a thesis for a Professional Doctorate in Counselling Psychology. The findings may also be included in various future academic publications. All details, including direct quotations from interviews will be listed under a pseudonym to maintain anonymity. There will be no identifiable or personal information in the final thesis or any other publications, so there will be no way for readers to identify you. If you would like to be sent the results of the study, please inform the researcher and consent to your contact details being kept for this purpose on the 'participant consent form.'

Who has reviewed the study?

This study has been approved by City, University of London Research Ethics Committee

What if there is a problem?

If you have any problems, concerns or questions about this study, you should ask to speak to a member of the research team. If you remain unhappy and wish to complain formally, you can do this through City's complaints procedure. To complain about the study, you can phone [redacted] You can then ask to speak to the Secretary to Senate Research Ethics Committee and inform them that the name of the project is *Exploring ADHD women's experiences of motherhood*.

You can also write to the Secretary at:
John Montgomery
Research & Enterprise Office
City, University of London
Northampton Square

London, EC1V 0HB

Email: [redacted]

Further information and contact details

Researcher: Eirini Papasileka

Email: [redacted]

Research Supervisor: Dr Julianna Challenor

Email: [redacted]

Thank you for taking the time to read this information sheet.

Appendix C: Participant Consent Form

CITY
UNIVERSITY OF LONDON
EST 1894

Title of study: *Exploring ADHD women's experiences of motherhood*

Ethics approval code: ETH2223-0205

Name of principal researcher: *Eirini Papasileka*

Please initial box

1.	I confirm that I have read and understood the participant information sheet for the above-named study. I have had had the opportunity to consider this information and to ask questions about what is involved. I have been given a copy of this consent form to keep for my records.	
2.	I understand that my participation is voluntary, that I can choose not to participate or to withdraw at any stage without being penalised or disadvantaged in any way.	
3.	I agree to the interview being audio recorded. I understand that any information I provide is confidential and that no identifiable personal information will be published or shared with third parties. I understand that the original recordings will accessible only the researcher, will be stored securely and destroyed following the completion of the research project.	
	I understand information I provide will be used as part of the researcher's doctoral thesis in counselling psychology and a pseudonym will be used when referring to this information, including direct quotations, as a way of maintaining anonymity.	
4.	I agree to City University London recording and processing this information about me. I understand that this information will be used only for the purpose(s) explained in the participant information and my consent is conditional on university complying with its duties and obligations under the General Data Protection Regulation (1998).	
5.	I would like to be informed of the results of this study once it has been completed and understand that my contact details will be retained for this purpose.	
6.	I agree to take part in the above study.	

Name of Participant ____________ Signature ____________ Date ____________

Name of Researcher ____________ Signature ____________ Date ____________

Appendix D: Debrief Form

Participant Debrief Form

Title of study: *Exploring ADHD women's experiences of motherhood*
Ethics approval code: ETH2223-0205
Name of principal researcher: Eirini Papasileka

Thank you for taking part in this research study. In contributing to this project you have provided valuable information into the understanding of ADHD women's experiences of becoming mothers.

If participating in this research has raised any issues, please do not hesitate to contact the researcher on the contact details provided below. Additionally, please find a list of support lines and websites that might be helpful in cases of psychological distress:
The Samaritans: Someone to talk to who won't judge. Call 116 123 (24/7)
ADHD Foundation: https://www.adhdfoundation.org.uk
MumsAid: https://www.mums-aid.org

We hope you found the study interesting. If you have any other questions please do not hesitate to contact us at the following:

Researcher: Eirini Papasileka Email: [redacted]

Appendix E: Demographic Questionnaire

Demographic Questionnaire

Please tick the following confirmation below:

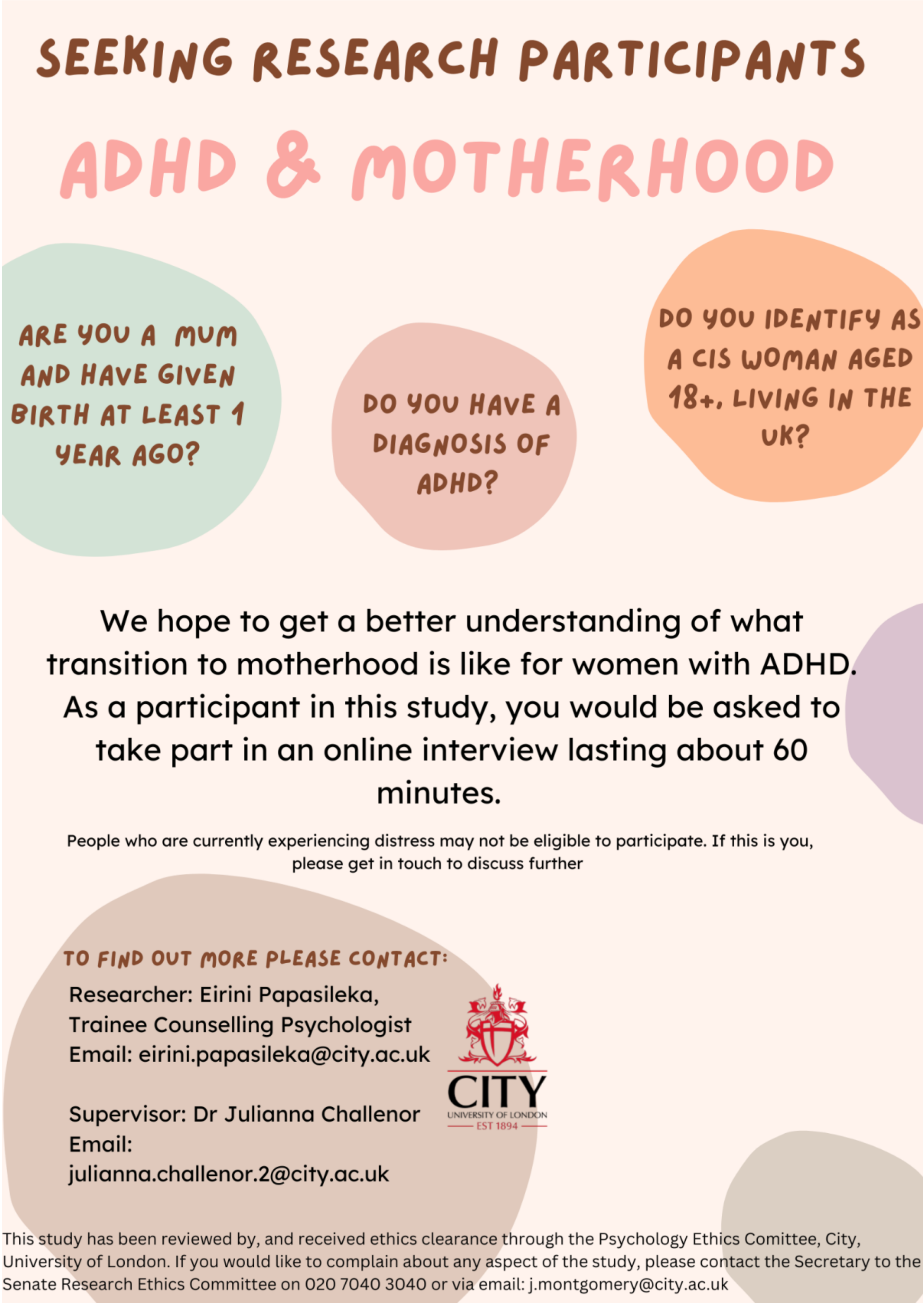
☐ I have been given a formal diagnosis of ADHD

☐ I have given birth at least 1 year ago

☐ I live in the UK

1. Age:
2. Ethnicity:
3. Occupation:
4. How old were you when you received your diagnosis?
5. How many children do you have?
6. How old are your children?

Appendix F: Study Flyer



SEEKING RESEARCH PARTICIPANTS

ADHD & MOTHERHOOD

ARE YOU A MUM AND HAVE GIVEN BIRTH AT LEAST 1 YEAR AGO?

DO YOU HAVE A DIAGNOSIS OF ADHD?

DO YOU IDENTIFY AS A CIS WOMAN AGED 18+, LIVING IN THE UK?

We hope to get a better understanding of what transition to motherhood is like for women with ADHD. As a participant in this study, you would be asked to take part in an online interview lasting about 60 minutes.

People who are currently experiencing distress may not be eligible to participate. If this is you, please get in touch to discuss further

TO FIND OUT MORE PLEASE CONTACT:

Researcher: Eirini Papasileka,
Trainee Counselling Psychologist
Email: eirini.papasileka@city.ac.uk

Supervisor: Dr Julianna Challenor
Email:
julianna.challenor.2@city.ac.uk

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This study has been reviewed by, and received ethics clearance through the Psychology Ethics Comittee, City, University of London. If you would like to complain about any aspect of the study, please contact the Secretary to the Senate Research Ethics Committee on 020 7040 3040 or via email: j.montgomery@city.ac.uk

Appendix G: Interview Schedule

1. **Can you tell me about your experience of becoming a mother? Please describe in as much detail as possible.**

Prompts

   a. How was pregnancy like ?
   b. How was it like having a newborn at home?/ what were those first months like?

2. **Can you describe the impact or effects of ADHD for you when you became a mother?**
   a. Can you give any specific examples?
   b. Were you taking medication during the time? How did that impact?

3. **What is it like for you to be a woman with ADHD and now a mother with ADHD?**

   a. What was that transition to motherhood like?

4. **What have you noticed about yourself since becoming a mother?**
   - Did you learn anything from it?

5. **Please tell me what you think are the good things about being a mother with ADHD.**

6. **What do you think are the most challenging aspects of being a mother with ADHD?**

   a. What was the first difficulty you encountered as a new mum?
   b. Do you have any more examples?

7. **What do you think helped you at the time?**

   a. Did you have any support?/ Who was part of your support system?
   b. What was helpful and not helpful from the support your received?
   c. Do you feel this support addressed your needs as a woman with ADHD?
   d. What would your ideal support be?

Appendix H: Excerpt from a transcript

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[REDACTED page 205]

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Appendix I: Excerpt from participant summary of PETs

Table of second PET for Charlie

PET 2: The good parts of being a mum with ADHD	Text
being more present as a mum is a positive side of ADHD	I have to be more aware of stuff, and that probably helps because I have to consciously think about doing things to make sure that they get done. That probably makes me more sort of aware of what I'm doing, I'm all kind of present with it. (p.5, 217-221).
emotional intensity helps with emotional connection to child	I definitely my emotions are very strong, I feel things very deeply. And I think that that's something that's really nice as a mom because I've I feel very, very emotionally connected and very strong emotions with my daughter. (p.5, 227-230).
being a good mum was a pleasant surprise	But actually, I am a really good mom and I, I know I am I'm bad at organizing things, but I'm actually very good at, like, the emotional stuff with her being very, I'm very calm with her. We do lots of things together I, you know, I'm... I never find that she's kind of, you know, when children are like “pay attention to me pay attention to me”, which is something that I like, even though I have ADHD I struggle with because I quite often find myself wanting to, you know, doom scroll on my phone or focus in on something. But I'm actually really good at staying present with her. So that's something that surprised me. I didn't think I would be as good at it as I am. (p.4, 173-183).

[REDACTED pages 207-268]

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