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Psychology: Yet Another System Built for Men

As a woman with ADHD, I have long felt separated from the stereotype of the "hyper and problematic boy." When I compare myself against my male peers, I feel disconnected from their experiences with our shared mental disorder. This made me wonder what role sex plays in ADHD, and I have found that gender[1] affects ADHD symptoms, diagnosis, and treatments due to an inherently flawed and male-centered system.

As of the latest Diagnostic and Statistical Manual of Mental Disorders (DSM), a book of checklists to diagnose various mental disorders, there are three subtypes of ADHD: inattentive, hyperactive, and both. Personally, I have the 'inattentive" type. I have never found myself to be overly hyper, fidgety, or disruptive, but I often daydream, have issues with my memory, and have trouble focusing appropriately. Like myself, most females present with "inattentive" symptoms, while their male counterparts will be more hyperactive (Loyer). Additionally, "boys with ADHD typically externalize their frustrations. But girls with ADHD usually turn their pain and anger inward" (Kinman). This internalizing of symptoms makes women less susceptible to the physical aggression and other disruptive behaviors of men (Rucklidge). There are some symptom

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[1] For the purpose of this essay, terms such as sex, gender, girl, boy, woman, man, female, and male are in reference to cisgendered individuals. There has been little research into non-binary or transgender individuals, which is an issue in and of itself, but for the purpose of this work, I am only comparing and looking at research regarding cis-women and cis-men.

similarities, such as general issues with attention, but women tend to have more subtle symptoms.

According to the Centers for Disease Control, “Boys are three times more likely to receive an ADHD diagnosis than girls” (Kinman). However, this is not because ADHD is less prevalent in females, but because females tend to present more subtle symptoms that are harder to diagnose. I vividly remember when I first started learning about ADHD in my high school psychology class, and immediately started questioning my own mental health. I researched more until I was nearly certain of what my diagnosis should be. I brought my questions and findings to my most trusted teacher, a woman trained to identify attention and learning disorders in students, with 10 years of work in the special education department under her belt. She, having taught me in sixth grade and watched me grow until ninth, responded with, “I don’t think you have ADHD. Maybe just a working memory issue?” The frustration I felt fueled weeks of ‘gaslighting’ myself into believing I had misunderstood my own mind: a trained professional and friend must know better than I do, right? In response, I researched more about my symptoms until I was once again sure of my diagnosis and ready to seek help. In hindsight, she was wrong, and had I taken her response as fact, it could have been incredibly damaging long term. My case was not a unique one either. In fact, numerous studies, including those of psychologist Rucklidge, describe how “research suggests that referral bias continues to under-identify ADHD in females” (Rucklidge). My teacher’s misguidance was not her fault: it was a product of a flawed diagnosis system geared toward the disruptive ADHD boy and not the inattentive ADHD girl.

It is clear that “externalizing behaviours drive referral for ADHD” (Mowlem, “Sex Differences in Predicting ADHD”). The hyperactive behaviors prominent in males are easier to

identify in classrooms, especially when they are impulsive or destructive, compared to the inattentive symptoms common in girls (Kinman). It makes sense too; a rowdy boy unable to sit still is more obvious than a girl daydreaming or being "spacey." Internalized symptoms are simply harder to see because they are not disruptive or physically obvious, but they are also "not perceived to be as problematic compared to disruptive behaviours" (Mowlem, "Do Different Factors Influence").

However, the diagnostic disparity is not only a product of differences in symptoms; it is also caused by gender stereotypes perpetuated by both parents and teachers in our society. Even when comparing males and females with the "hyperactive" type of ADHD, parents tend to overestimate the hyperactivity and impulsivity of their boys and underestimate the same symptoms in their girls (Mowlem, "Do Different Factors Influence"). This means that parents, seeing the same symptoms, are more likely to view their sons as being hyperactive, which could lead to a higher likelihood of diagnosis than in daughters. This also means that girls are required to present more severe symptoms than their male counterparts to get the same recognition from their parents, making it so less-symptomatic girls fly under the radar (Mowlem, "Do Different Factors Influence"). The same thing happens in classrooms: "the presence of oppositional behaviors increased the ADHD symptoms reported by teachers, but only for boys" (Loyer).

Beyond this, however, women's inattentive symptoms can also lead to a misdiagnosis. Missed work or daydreaming "can be mistaken for laziness or a learning disability" (Kinman). Emotional problems can "overshadow their ADHD symptoms in clinical assessment and lead to receiving alternative diagnoses more closely associated with the internal manifestation of symptoms (e.g., anxiety or depression), or delay time to diagnosis" (Mowlem, "Do Different

Factors Influence"). More often, girls are just not diagnosed at all, and "girls with untreated ADHD typically carry their problems into adulthood" ("Gender Differences in ADHD"). This is the key problem here: women aren't getting diagnosed, and without a diagnosis, there is no treatment possible. When treated, both sexes can be treated the same with similar efficacy. Once I was finally able to be treated at 16 years old, primarily with Adderall and the coping skills I developed over a lifetime, the difference was stark. For me, medicine is incredibly effective and continues to help me cope with my symptoms. However, others still struggle without care, as Kinman finds that "females with ADHD are less likely to be referred for treatment than males with ADHD" (Kinman).

The problem is not intentional discrimination or the difference in symptoms, but an inherent bias in the system. The diagnostic criteria are geared toward the symptoms common in men: no doubt a remnant of hundreds of years of studies administered to men by men. When looking at the samples for most of the critical ADHD studies, "there weren't very many girls"(Donahue). Of course, this means that people of all genders who present with inattentive symptoms are underdiagnosed, but when the criteria are so blatantly male-centered and female-exclusionary, there is something wrong with it. Aside from naive parents and psychologists who do not know better and choose not to learn, the consensus is a clear and undisputed one: "We need guidelines for the A.D.H.D. diagnosis, and they must consider gender"(Ford). New criteria that focus on the symptoms and experiences of women with ADHD need to be created, and this information needs to be taught to ensure that the stereotype of the "hyper and problematic boy" is not the only widespread understanding of ADHD. Without changes, women will continue to go underdiagnosed and misdiagnosed, which can lead to a multitude of issues. Teens without

treatment are “more likely to get pregnant and start smoking while still in middle or high school” (“Gender Differences in ADHD”). Undiagnosed women have “lower self-efficacy and poorer coping strategies than adolescent boys with ADHD” and higher “rates of depression and anxiety” (Rucklidge). The psychiatric system is failing women in a big way, and it needs to be stopped.

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