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Hyperactive Education: Negotiating ADHD as an Undiagnosed Middle Eastern Female Student

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ABSTRACT

This autoethnographic study explores the lived experience of growing up and studying with undiagnosed ADHD as a Middle Eastern woman within cultural, familial, and academic systems that rendered neurodivergence invisible. Drawing on reflective journals, memory work, and narrative analysis, the research situates personal experience within broader structures of gendered expectations, cultural norms, and ableist educational environments. While ADHD is commonly framed through Western, male-centred diagnostic criteria, this study highlights how women, particularly those from ethnic minority and collectivist backgrounds, mask symptoms through perfectionism, compliance, and emotional labour. This masking, sustained over years, leads to burnout, identity fragmentation, and internalised shame. The narrative reveals how cultural expectations of daughterhood, obedience, and academic excellence intensified these pressures, making ADHD appear as moral failure rather than neurological difference. Using feminist theory, habitus (Bourdieu), and intersectionality (Crenshaw) as analytical frames, the study demonstrates how the interplay of gender, culture, and neurodivergence shapes academic performance, mental health, and self-perception. The paper argues that institutions and families often misinterpret ADHD-related behaviours, reinforcing stigma and delaying diagnosis. By bringing the personal into dialogue with the political, this research challenges dominant narratives around ADHD and offers insight into the invisible labour performed by neurodivergent women navigating conflicting cultural and educational demands. Ultimately, the study aims to broaden understandings of ADHD, highlight underrepresented voices, and advocate for culturally responsive support for women whose struggles remain unheard.

Keywords: ADHD in women, Autoethnography, Neurodiversity, Cultural Expectations, Intersectionality, Gender and mental health

1. Introduction

Peim says “The subject of my research oddly though unavoidably is myself.” (Peim, 2018, p.87). Here this is literally the case. What I want to investigate and raise awareness of is not an issue and more like ‘my story’ of how I struggled with ADHD in an academic setting, and as Middle Eastern woman, raised in a cultural where mental health and special education need is a taboo. I want to talk about my experience, and alongside it, research the contexts of my experiences by relating them to the literature supporting our understanding of this.

2. Research Aim and Rationale

2.1. Research Aim

This study aims to explore the lived experience of growing up and studying with undiagnosed ADHD as a Middle Eastern woman navigating cultural expectations, gender norms, and educational systems. Through autoethnographic reflection, the research seeks to examine how masking, academic pressure, emotional labour, and social misunderstanding shaped both self-perception and educational experiences across childhood, adolescence, and adulthood.

Additionally, this study aims to contribute to existing literature on ADHD in women by highlighting the intersections between neurodivergence, gender, culture, and institutional expectations. In doing so, the research seeks to challenge deficit-based understandings of ADHD and advocate for more culturally responsive and neurodiversity-affirming educational practices.

2.2. Research Rationale

There has been extensive research exploring ADHD and its impact on academic performance. However, this study seeks to connect existing theoretical discussions with lived personal experience through autoethnographic inquiry. Peim emphasises the importance of subjective experience within research, arguing that "In drawing on your own experience as a researcher, you reframe it and understand it differently: this is a transformation of the self at the level of knowledge" (Peim, 2018, p.21).

Sharing aspects of my own life affected by ADHD may contribute to broader understandings of neurodivergence in several ways. First, it may help reduce stigma surrounding ADHD in women, particularly women from culturally conservative or minority ethnic backgrounds, by validating experiences that are often dismissed or misunderstood. Many women internalise blame for struggles that are neurological rather than moral or personal failures. By openly discussing these experiences, this study seeks to foster recognition, validation, and a greater sense of community among neurodivergent women (Frank, 2013; Chase, 2005).

Second, this research aims to challenge purely deficit-based understandings of ADHD. While ADHD can create academic, emotional, and social difficulties, it may also be associated with creativity, adaptability, divergent thinking, emotional sensitivity, and the ability to perform effectively under pressure. Although masking often requires individuals to suppress aspects of themselves in order to conform socially, it can also produce heightened social awareness and adaptability.

Third, this study may provide useful insight for researchers interested in neurodiversity, gender, and lived experience methodologies. Autoethnographic narratives offer forms of emotional and cultural knowledge that are often absent from clinical or quantitative studies. Finally, this research may also serve as a source of understanding for parents, educators, and support professionals seeking to better recognise the hidden experiences of neurodivergent young women.

Beyond academic publication, this work may contribute to wider public conversations surrounding ADHD through educational journals, conferences, support groups, and future creative or autobiographical projects that blend narrative and scholarly reflection.

3. Research Questions

3.1. Main Question

What are the lived experiences of undiagnosed female students with ADHD, and how do these experiences impact their academic performance, social relationships, and mental health?

3.1.1 Sub Questions

1- How do the symptoms of ADHD manifest differently in undiagnosed female students, and how do these manifestations affect their academic performance, social interactions, and mental health?
2- What coping mechanisms or strategies do undiagnosed female students with ADHD develop to manage their symptoms in academic and social settings, and how effective are these strategies in mitigating the negative impacts on their academic performance and mental health?
3- How do cultural and familial expectations shape the experience of female students with ADHD, particularly in terms of academic pressure, social relations, and mental health outcomes?

4. Methodology

4.1. Research Design and Autoethnographic Approach

This study adopts an autoethnographic methodology to explore the lived experience of ADHD within the context of education, identity, and cultural expectations. As both the researcher and the subject, I use personal narrative and critical self-reflection to examine how ADHD intersects with my identity as a Middle Eastern, Kurdish woman, and the eldest daughter in a traditional family. This methodology chapter outlines the rationale behind the chosen approach, the process of data collection and analysis, ethical considerations, and the limitations inherent in researching the self.

Autopathography is a qualitative research method that combines autobiography with ethnographic analysis (Ellis et al., 2010). It allows the researcher to use their personal experience to understand broader cultural, social, or political meanings. According to Chang (2008), autoethnography bridges the personal and the cultural, enabling researchers to "engage in self-reflection and analysis of their life history in relation to social contexts." In this study, autoethnography is not merely a method but a necessity: the lived reality of ADHD is often obscured by clinical definitions, neurotypical assumptions, and institutional silence. My own experience becomes a legitimate and valuable site of knowledge production.

The decision to use autoethnography was also informed by my experience of masking and navigating ADHD in environments not designed for neurodivergent minds. Autoethnography enables an interrogation of these experiences while resisting the medicalisation of differences (Kaiser, 2024). It creates a space to articulate the nuances of ADHD beyond the diagnostic manual, particularly for those whose symptoms are shaped and suppressed in Middle Eastern families, where obedience, silence, and sacrifice are constructed as moral obligations (Abu-Lughod, 1999).

4.2. Theoretical Framework

This study is grounded in critical theory, with particular attention to the work of Pierre Bourdieu and Michel Foucault. Bourdieu's concept of Habitus (1990) provides a lens to understand how ADHD operates not just biologically but socially. My internalisation of discipline, shame, and academic struggle reflects how class, culture, and family shape my embodied dispositions. Foucault's theories of surveillance and power (1977) further illuminate the dynamics of control in educational institutions, particularly how neurodivergent individuals are observed, labelled, and disciplined. As a teacher, I have experienced both sides of this surveillance: as the subject under scrutiny and as the observer expected to enforce norms. These theoretical frameworks guide the interpretation of data, allowing me to connect personal memory with systemic critique.

4.3. Data Corpus and Sources

The primary data corpus consisted of reflective journal entries written over 6 years, between 2019 and 2025. The journal contained over 120 entries ranging from short reflective fragments to longer narrative accounts of academic, emotional, sensory, and interpersonal experiences related to ADHD. Additional data included retrospective memory work focused on significant childhood, adolescent, and university experiences, alongside personal concept-art journals and written creative reflections produced during periods of emotional distress or hyperfocus. These materials were treated as interconnected autobiographical texts that documented recurring patterns of masking, burnout, emotional dysregulation, and cultural conflict.

Memory also served as a crucial source of data. While memory is inherently selective and reconstructive, it remains valuable within autoethnographic inquiry because it reveals how meaning is emotionally and culturally produced over time (Riessman, 2007). To mitigate recall bias, retrospective memories were not treated as objective historical facts but as subjective interpretive narratives shaped by emotion, embodiment, and social context. Where possible, memories were cross-referenced against journal entries written closer to the events themselves, academic timelines, school reports, and recurring patterns documented across multiple entries. Rather than seeking factual certainty alone, this study prioritised emotional and narrative consistency, recognising memory as both imperfect and deeply revealing.

4.4. Data Analysis

The analysis of data was conducted through a reflexive thematic narrative analysis informed by Braun and Clarke's (2006) approach to thematic analysis. First, I repeatedly read through the journal entries, memory narratives, and autobiographical fragments to familiarise myself with recurring emotional and experiential patterns. Initial open coding was then conducted manually using colour coding and digital annotations to identify repeated ideas, emotional responses, metaphors, and behavioural patterns. Codes such as masking, emotional exhaustion, academic paralysis, sensory overwhelm, daughterhood, guilt, and unfinished projects emerged across multiple entries.

These codes were gradually grouped into broader interpretive themes through an iterative process of comparison, reflection, and theoretical engagement. For example, repeated experiences of self-monitoring, perfectionism, and emotional suppression were later interpreted through literature on masking and gendered ADHD presentation. Likewise, narratives surrounding obedience, shame, and family expectation were analysed through Bourdieu's concept of habitus and Crenshaw's framework of intersectionality. Theoretical

concepts therefore did not simply appear after analysis but actively informed how themes were refined, interpreted, and connected to broader social structures.

4.5. Trustworthiness and Reflexivity

Although autoethnographic research centres subjective experience, strategies were used to strengthen interpretive credibility and reflexive rigour. Recurring themes identified within the journal were compared across different forms of self-produced material, including retrospective memories, academic experiences, concept-art journals, and emotional reflections. This form of internal triangulation enabled patterns to be examined across contexts rather than relying on isolated memories. Existing ADHD literature was also used dialogically, not to validate experience in a positivist sense, but to identify resonances and tensions between personal narrative and scholarly understandings.

Reflexivity was central to this process. As Finlay (2002) notes, reflexivity in qualitative research involves "thoughtful, conscious self-awareness," a recognition of how the researcher's identity, positionality, and emotions shape the research process. In my case, reflexivity meant confronting my discomfort, bias, and internalised ableism. It also meant acknowledging the emotional toll of returning to painful memories. I wrote notes to myself in the margins of my journal, asking why a particular moment hurt so deeply, or why I had never shared it before. In doing so, I attempted not only to uncover meaning but also to resist the silence that often surrounds neurodivergent experiences, especially in cultures where mental health is taboo.

By centring the voice of neurodivergent, racialised women, I position this research as a form of resistance. I write against the notion that only detached; "objective" knowledge is valid. I write against the system that told me my lateness was laziness, my silence was defiance, and my mind was broken. I write, as Lorde (1984) insists, because "your silence will not protect you."

4.6. Ethical Considerations

Ethical considerations in this study were personal. While there were no external participants, the subject of the research (myself) required careful and compassionate handling. I submitted an ethics application to the university to ensure transparency and accountability, even though I was working solely with self-produced data. I reflected on how my writing might affect other people who appear in it, such as family members, teachers, and peers, and used pseudonyms or generalised references where appropriate. I also considered the risk of emotional harm. Particularly when revisiting traumatic or shameful experiences. To manage this, I created a self-care plan that included time for recovery after writing sessions, access to university counselling services, and setting boundaries around what I chose to disclose.

One of the unique ethical complexities of autoethnography is the question of writing for versus writing about others. While this thesis is about my own experience, it inevitably touches on broader communities, neurodivergent students, Middle Eastern daughters, and others with ADHD. I am caution not to universalise my story, but I also recognise its resonance. As Sparkes (2000) argues, the power of autoethnography lies in its ability to evoke, not just explain. If a reader sees themselves in my words, then the work has done its job, not as proof, but as provocation.

4.7. Limitations

The methodology employed in this study has its limitations. Autoethnography has been critiqued for its lack of generalisability, its subjectivity, and its protentional for self-indulgence

(Delamont, 2007). However, these critiques often emerge from positivist assumptions that privilege distance over intimacy and universality over specificity. I do not claim that my experience speaks for all; rather, I argue that it speaks from within. The very subjectivity of this research is its strength, providing a depth of insight that traditional methods might overlook. Nevertheless, I remain aware of the potential for emotional bias, selective memory, and over-identification. These risks were mitigated through reflexivity, theoretical grounding, and critical dialogue with existing literature.

The act of writing itself became a method. I revised, rewrote, and restructured chapters not only to improve clarity but to reflect the iterative nature of understanding ADHD. Some narratives were abandoned, others resurfaced in different forms. This process mirrored the non-linear chaotic rhythm of ADHD itself. There were moments of hyper focus and moments of avoidance, times when writing flowed and times when it stalled. These fluctuations were not obstacles but data; they revealed how ADHD lives in the body, in the pages, and in the pauses between sentences.

4.8. Methodological Reflection

Ultimately, this methodology chapter demonstrates that researching the self is not an act of indulgence but of courage. It requires vulnerability, precision, and a willingness to linger in the messy spaces of memory and meaning. Through autoethnography, I offer not a diagnosis but a story, not a solution but a site of inquiry. And perhaps, in doing so, I open a small window for others who have felt disoriented, different, or denied.

5. Literature Review

5.1. Reframing the Literature: A Dialogical Approach

I used to think that research was done from the outside, clinical, objective, and impersonal. But when I sit down to write about ADHD, I cannot escape myself. I am the subject, the story, and the site of the question. As Peim (2018) says, “The subject of my research, oddly though unavoidably, is myself” (p.87). There is no clean boundary between what I have lived and what I am studying. The literature does not just describe people like me; it explains me to myself. In autoethnography, the literature review does not serve as a detached summary of existing research but as a dialogical space where personal experience is contextualised, challenged, and deepened through engagement with scholarly thought (Ellis et al., 2010; Bochner and Ellis, 2016).

In this chapter, I read through the literature. I structure the review around the core themes that emerged in my research questions and in my narrative: the gendered experience of ADHD, the coping strategies developed in response to academic and social expectations, and the weight of cultural and familial roles. These are not abstract categories; they are embodied realities I have lived. Each section begins with a personal memory, taken from the journal I wrote while navigating life with undiagnosed ADHD, and builds outward into scholarly work that helps understand and reframe these lived experiences.

Autoethnography allows me to position myself not as an “objective” researcher but as a situated one, embedded in the culture I critique, shaped by the systems I analyse (Ellis et al., 2010; Adams et al., 2015). This literature review, then, is not a prelude to the research. It is where knowledge and identity meet. Where the personal is made political, and where story becomes data.

5.2. Gendered Silence: ADHD Beyond the Boy Stereotype

My story is shaped by masking, by the need to be good, helpful, tidy, smart, quiet. I learned to tidy before I studied, to offer help before I asked for it, to nod when I was misunderstood. On the surface, I was a "high-achieving" girl. Inside, I was exhausted. I moved through school and university carrying a kind of guilt that was hard to name, the guilt of never quite being enough, of never quite being real. It was not until my diagnosis that the fragments began to make sense. But even then, the diagnosis arrived like a foreign language, full of terms I did not yet know how to use.

ADHD research has historically centred on white, Western, hyperactive boys, those who cannot sit still, who disrupt the class, and fit the stereotype (Barkley, 2015; Quinn and Madhoo, 2014). Girls like me slipped through the cracks. Not because we were not struggling, but because we were struggling quietly. Literature on masking (Hull et al., 2017) gave me the language for what I had been doing all along: camouflaging, adapting, and performing "normal." But it also revealed a gap, the absence of culturally situated, female, neurodivergent voices. Voices that do not just comply with diagnosis criteria, but speak back to them.

Research confirms what I have lived: children and young adults from migrant and multilingual backgrounds are less likely to be diagnosed with ADHD, particularly if they are females or high-achieving (Slobodin & Masalha, 2020; Sikov et al., 2022). Diagnostic models rely on external behaviours such as restlessness, impulsivity, and disruptiveness, which align with white, male-coded expression of the condition. But for girls from working-class migrant and ethnic minority families, ADHD does not always explode; it implodes.

According to Young et al. (2020), the diagnostic criteria are still largely informed by male-centred studies, which have contributed to the delayed diagnosis and increased comorbidity rates among women. Girls are more likely to internalise their difficulties, presenting with inattentiveness, emotional sensitivity, and perfectionism, rather than the overt hyperactivity that triggers concern in boys (Quinn & Madhoo, 2014). This contributes to what Hinshaw et al. (2022) call a "gendered silence" around ADHD in women.

5.3. Academic Masking, the Performance of Normalcy and Silence

I did not know I had ADHD when I was a kid, a teenager, or even an adult. I just knew I was tired, tired in a way that sleep could not fix. I could make lists but never follow them, start assignments but never finish them, get praised for being smart but silently panic when the results did not match the expectations. I was the "good girl" who did everything right, until I did not. When the cracks began to show at university, they did not look like "symptoms" to anyone else. They looked like laziness, disobedience, distraction, daydreaming, and disorganisation. But underneath them was a pattern of struggle-hidden in plain sight.

The silence defined my adolescence. My family celebrated how tidy and responsible I looked, but they did not see the mess I shoved into drawers or the emotional dysregulation hidden behind closed doors. My mother called me dramatic and disorganised. I believed her. At the time, I did not have the words to say, "My brain is chaotic, and I am holding it together with rituals." What I did instead was mask. I acted calm, I cleaned obsessively before studying, I glued an automatic smile on my face for social interactions, I would stop myself from stimming or fidgeting and so on. All behaviours I learned from neurotypical people.

This kind of camouflaging, also called masking, is a well-documented phenomenon among neurodivergent women (Hull et al., 2017). It involves mimicking neurotypical behaviours to avoid judgment, rejection, or punishment (Evans, Krumrei-Mancuso, & Rouse, 2024). Compensatory strategies in ADHD, such as creating structured routines, extensive planning

(often without full follow-through), and people-pleasing behaviours, can be mentally taxing and emotionally draining. As Palmini (2008) notes, effort-related strategies like taking detailed notes, setting up complex reminders, or selectively reading texts are experienced as tiresome, leaving individuals exhausted after attempting to manage daily demands. I was often praised for being "mature for my age," when in fact I was just dissociating through it. I was not ahead; I was just terrified of falling behind.

At university, everything unravelled. I masked my way through school with the weight of family expectations on my shoulders and the determination of keeping up the "good student" act. But at university, with independence, my executive functioning broke down entirely. I remember skipping lectures and lying to my parents about it. Not because I was lazy, but because I was burnt out, tired, and exhausted, attending a 9 AM seminar felt like climbing Everest with blindfolds on. I would hyper focus on irrelevant tasks, like rearranging my bookshelf instead of writing essays, or learning a new skill I was interested in that week, then spiral into guilt. I thought I was losing my mind. But as Rabiner et al. (2008) explain, ADHD related difficulties with time management, prioritisation, and sustained attention often become more visible in university settings, particularly when support structures are removed.

And still I tried to keep up the act. I would email professors using apologetic language that was rooted in shame, not entitlement. "Sorry for the delay, I forgot about the assignment." I did not yet know how to say: "My brain does not experience time the same way yours does." Barkley (2015) describes this as time blindness, a condition in which individuals with ADHD cannot hold the future in their minds in a stable way. This was me. Deadlines only became real when they were already disasters, when only 24 hours were left, because only then did I feel the stressed and urgent feeling of doing my assignments.

The emotional effect of my masking was devastating; my friendships suffered. I would obsess over minor miscommunications or disappear for weeks, not out of disinterest but because my executive dysfunction made it impossible to reply. I lost people. I lost faith in myself. Hinshaw et al. (2022) report that women with undiagnosed ADHD often present with high rates of anxiety, depression, and rejection-sensitive dysphoria. What they do not report is the invisible grief of never living up to your potential, of always feeling like a problem no one can see.

5.4. Coping Mechanisms and Emotional Survival

There is a certain kind of exhaustion that does not come from doing too much, but from trying, over and over, to start. I remember sitting at my desk with everything laid out perfectly, books aligned, highlighters by colour, laptop open, tea in hand, and still, nothing. A kind of paralysis, my brain buzzed with urgency, but my hands would not move, just staring into nothingness, my brain turned off, feeling overwhelmed on how to even start, minute by minute, I would feel even more overwhelmed, then my brain would scream for a distraction, so I would pick up my phone, or stare out the window or even just at the wall. The only way I could get things done was by waiting until the anxiety was unbearable. Then, at 2 AM, hyper-focus would arrive like a storm, and I would work through the night in a trance. By morning, I had a polished assignment and a broken body. People called me resilient; I called it surviving.

This pattern, "chronic procrastination followed by hyper-focus," is common among people with ADHD, particularly those in university settings (Barkley, 2015). It is not simply a failure of time management, but a neurological difficulty in initiating and sustaining attention without emotional stakes (Brown, 2013). Hyper-focus, while romanticised, is not a gift; it is a coping mechanism triggered by crisis. I did not choose to work best under pressure. My brain was wired to wait for panic before it could act. Although empirical research has not labelled this as "reactive productivity," qualitative accounts from college students with ADHD report cycles

of intense, deadline-driven bursts of effort, often masking deeper emotional turmoil and executive dysfunction (Kreider et al., 2019).

I built rituals around my dysfunction. Cleaning my desk became a form of emotional regulation. Post-it notes covered every wall, small attempts at structure in a mind that could not hold shape. I copied the study habits of neurotypical peers, colour coding, Pomodoro timers, and task apps, but these rarely stuck. What worked for others often became just one more thing I could not continue. As Nadeau et al. (2015) write, many women with ADHD develop "borrowed strategies," mimicking what they believe should work, only to internalise shame when it does not.

That shame did not only come from school and university. It came from watching others seem to float through tasks I drowned in, from being told, "Just try harder," as if I were not already burning out from trying. As a woman, this struggle was often invisible. I was expected to be organised, diligent, and emotionally regulated. When I failed to meet those expectations, I blamed myself. This internalised self-criticism and lack of self-compassion is well documented in the literature on ADHD and gender (Beaton et al., 2020). According to Hinshaw et al. (2022), women with ADHD are more likely to experience depression, low self-esteem, and anxiety, not only because of the condition itself, but because of social scripts that frame their struggle as moral failings rather than neurological realities.

In group projects, I would over-prepare and over-apologise. In class, I rarely asked for clarification, terrified that everyone would discover I had not understood the assignment. I filled my planner with imagined productivity, crossing off tasks I never completed. This kind of masking, behaviour designed to appear competent while concealing internal struggle, can serve as a temporary defence, but over time leads to burnout, cognitive fatigue, and the erosion of self-concept (Godfrey-Harris & Shaw, 2023).

Sometimes, coping meant not moving, quite literally. I used to sit completely still in lectures, even when every part of my body was screaming to shift. I would lock my feet on the ground, dig my nails into my thighs, anything to stop the fidgeting. If I rocked, bounced my legs, or tapped my pen, I would be seen as disrespectful or disruptive. But the truth is, movement helps me focus. It keeps my brain anchored. Research by Son et al. (2024) confirms that stimming or small repetitive motions can improve concentration in individuals with ADHD by regulating sensory input and arousal levels. But I learned to suppress that need, to prioritise classroom obedience over comprehension. I was praised for sitting still, but I was not learning; I was performing.

Other strategies were less visible. I would sit at the back of the class, not because I did not care, but because I needed to whisper-read slides to myself. I wore headphones in the library, not for music, but to drown out the weight of silence that made my restless thoughts too loud. I started to bring water bottles to play with under the table when I had long lectures so I could focus. I would pinch myself when I was about to start drifting off.

Coping, for me, was also intensely emotional. I became hypersensitive to perceived rejection. If a friend took too long to reply to a message, I spiralled. If a professor offered vague feedback, I assumed I had failed. Because in my mind, I was mimicking normal behaviour, so any kind of rejection meant I was not trying enough, that I did not seem normal enough. Research by Ramsay and Rostain (2014) describes rejection-sensitive dysphoria (RSD) as a frequent and painful comorbidity in adults with ADHD, especially women. It can lead to overcompensation in relationships, people-pleasing, and cycles of burnout as individuals try to "earn" approval or belonging.

In hindsight, many of the things that looked like personality traits (perfectionism, avoidance, overcommitting) were survival tools. I learned to create the illusion of control to avoid being seen as incompetent. I responded to academic pressure with frantic overworking, and to emotional pressure with withdrawal. Compensatory strategies such as structured routines and over-planning serve as survival tools, but eventually lead to burnout and identity confusion.

5.5. Culture, Daughterhood, and Invisible Neurodivergence

In a Kurdish household, mental health was not something we talked about. Neither was ADHD. When I was finally diagnosed at 22, my family called me a "burnt-out daughter." They did not mean to be cruel. They were confused. I had always been the smart one. The responsible one. They thought something external had gone wrong, bad friends, rebellion, not once did they consider that I had been struggling silently for years. According to Slobodin and Masalha (2020), such misrecognition is common in ethnic minority families, where neurodivergence is often framed as a behavioural issue rather than a neurological one. The intersection of gender, culture, and neurodivergence made my ADHD invisible, even to me.

My self-erasure was not just gendered. It was classed and cultural; in our household, education was sacred. My parents, survivors of the Saddam Hussein regime, of the inflation era, unacknowledged intellectuals, saw my success as our collective hope. There was no room for failure, no space to struggle. My brain's needs were irrelevant compared to the dream of the first daughter getting a degree to honour my parents' sacrifices. As Yuval-Davis (2011) explains, for migrant families, education is not just personal; it is symbolic. It represents dignity, stability, and future safety. So, when I started skipping lectures, forgetting deadlines, and spiralling into guilt, my family did not ask "what is wrong?" they asked, "what has happened to you?" as if I had been corrupted. As if it were something external.

The literature gave me language: internalised failure, functional burnout, diagnostic delay (Barkley, 2015). But it also revealed how limited our collective understanding still is. There is very little research that examines the intersection of ADHD, womanhood, and Middle Eastern cultural norms. What does it mean to be the eldest daughter, expected to perform maturity, in a household where neurodivergence has no name? What does it mean to be "bright" but unfocused, "responsible" but emotionally flooded?

I now understand that what I carried was not personal failure; it was a system that had no room for me. As Richardson et al. (2012) note, academic environments still privilege a narrow range of cognitive and emotional behaviours. Those who fall outside this range are marked as disordered, disruptive, or difficult. I was not any of those things. I was simply someone whose brain did not fit the mould. And yet, I tried to squeeze into it until I fractured.

5.6. Intersectionality and Misrecognition of ADHD

As the eldest daughter in a Middle Eastern, Kurdish family, my experience of ADHD was not only misunderstood, it was invisible, moralised, and dismissed. The pressure placed on me to perform "maturity" and "self-regulation" was not only emotionally exhausting but also directly in conflict with the ways ADHD manifests in the female brain.

Slobodin and Masalha (2020) identify that in many ethnic minority families, behavioural symptoms of ADHD are more likely to be interpreted through moral or disciplinary frameworks, rather than psychological or neurological ones. This is particularly true for women and girls, who are often tasked with maintaining family honour, domestic order, and emotional stability. In contexts where obedience and self-sacrifice are cultural values, executive dysfunction is not just a personal struggle; it becomes a relational and moral failure.

Feminist theorists like Ahmed (2010) and Hooks (1984) have long argued that women's emotional labour within families is both expected and invisible. When compounded by neurodivergence, this labour becomes doubly burdened, having to manage the condition while simultaneously performing normality. As Quinn and Madhoo (2014) highlight, ADHD in women is often hidden beneath layers of perfectionism and compliance. But in collectivist cultures, this masking becomes an obligation, not a choice; the social penalties of visibility, being labelled "difficult" and "embarrassing," are severe.

This misrecognition is supported by what Bourdieu (1977) calls habitus, the internalisation of societal norms through upbringing and repetition. In my case, I learned not to question, not to rest, not to say "I cannot." I was taught to give before asking, to anticipate needs, to translate chaos into care. ADHD disrupted all this. It made me forgetful, distracted, and emotional, qualities that violate my family's gendered scripts for ideal daughterhood. The consequence was shame: not only for struggling, but for failing to live up to a version of myself that had never been real.

The literature on ADHD rarely engages with these cultural and gendered nuances. Most intervention strategies focus on individual behavioural modification or academic support (Slobodin and Masalha, 2020; Rabiner et al., 2008), with little consideration for the social ecology and intersectionality that surrounds the students. Yet, as Johnston & Mash (2001) argue, family dynamics can influence both the perception and impact of ADHD symptoms. In environments where success is equated with obedience and failure with defiance, neurodivergent women are left without a framework to understand themselves. They are simultaneously over-monitored and under-recognised.

The internalisation of this mismatch often leads to masked depression, social withdrawal, and functional burnout. Richardson et al. (2012) note that university students experiencing mental health challenges rooted in self-regulation difficulties are more likely to experience identity confusion and disengagement from academic communities. For culturally minoritised women, this can be compounded by a sense of alienation from both the academic environment and their cultural roots. I felt this dissonance daily, too "western" when I sought therapy, too "immature" when I faltered in my studies and duties at home.

Moreover, the assumption that academic performance is an accurate measure of ability reinforces these harmful dynamics. In families where education is one of the few accessible pathways to respect and opportunity, academic success becomes a proxy for morality and honour. My ADHD turned that pathway into a battlefield. The pressure to achieve while pretending not to be struggling forces me into a state of academic masking, one that mirrors the emotional masking I did at home. As Bochner and Ellis (2016) argue, this split between public performance and private reality is a central tension in many autoethnographic accounts of disability.

Even in institutional settings, cultural misunderstandings persist. Lecturers often interpret my late submissions, absences, or emotional emails as disorganisation or drama, rather than as expressions of unacknowledged neurological differences. Slobodin and Masalha (2020) argue that ADHD related behaviours are disproportionately judged in students from minority backgrounds, often reinforcing systemic inequalities. Without a culturally competent lens, support structures remain inaccessible, or worse, punitive.

Critically, what is missing from the literature is a model of ADHD that accounts for intersectionality, a concept rooted in Crenshaw's (1989) work, which shows how overlapping identities (such as gender, ethnicity, class, and neurodivergence) produce unique forms of marginalisation. For women like me, ADHD is not a standalone challenge. It is entangled with

daughterhood, responsibility, silence, and survival. The solution, then, cannot be purely diagnostic or academic. It must be relational, cultural, and systemic.

5.7. Language, Diagnosis, and the Politics of Translation

Alongside this intersectionality, there is also language. I have always lived between languages. Kurdish was the language of family, schooling, and the state. English was the language of the West, of power and escape, the one I learned to love because it offered words I could not find anywhere else. But when it came to ADHD, no language fit. There were no words in Kurdish that you could use for executive dysfunction or neurodivergence that society did not associate with weakness and shame. Some phrases were more often used to blame not to understand.

ADHD, as I eventually learned, was a Western term, foreign, medical, and clinical. I discovered it in English articles, books, and academic journals. No one around me used the word. No one around me believed it applied to girls like me. In many ways, it did not matter how severe my symptoms were; what mattered was how well I masked them. What mattered was that I was quiet, respectful, and got good grades. That was enough to erase everything else.

When ADHD finally entered the conversation, after the breakdown, the withdrawal, the near-explosions, it was seen as an excuse. A Western label. We had no therapist, and we had no support worker. My father looked at me with a tired face and said, “You are not sick, you are just not disciplined.” I do not blame him. He, too, was surviving a system that never asked about feelings. But the effect was the same: I internalised failure as identity. I believed my mind was not only wrong, but wrong because of me.

5.8. Institutional Misunderstanding and Ableist Expectations

I remember sitting in class, unable to concentrate, needing desperately to move, rock, tap, sway, stretch, but focusing myself to sit still. I would rather dig my fingers into my thighs, clench my teeth, anything to look composed. Because in our culture, movement meant disrespect. Fidgeting meant boredom. A girl shifting in her chair was rude, undisciplined, but for boys, it was expected, as my teachers often said, “Boys will be boys.” I learned early that stillness was mistaken for respect, and that stillness cost me comprehension. Later, I would learn from Martín-Rodríguez et al. (2025) that physical movement can support cognitive regulation in ADHD, improving working memory and processing speed. But by then, I had already trained myself out of my instincts to be good.

Scholars such as Crenshaw (1989) and Collins and Bilge (2016) have shown that marginalised individuals experience overlapping systems of oppression, not just sexism, racism or ableism, but their entanglements. Intersectionality, as a framework, explains why migrant women are diagnosed later, treated with less credibility, and left out of clinical narratives altogether. Slobodin and Masalha (2020) argue that in ethnic minority families, neurodivergence is often moralised, not medicalised. It is read as a character deficit, not a condition.

And when barriers are added to the mix, the invisibility deepens. A systematic review of instruments assessing externalising mental health problems in immigrant youth reveals that many tools, developed in Western cultural settings, may not maintain validity or interpretive alignment when applied to ethnically diverse groups, leading to misinterpretation of behaviours such as impulsivity and emotional reactivity (Paalman et al., 2013). Even when translated, they often lose nuance; words like “impulsive, unconfused, or emotionally reactive” carry weight across languages and cultures. Furthermore, cultural adaptation research underscores how translated diagnostic measures often fail to capture nuanced lived experience unless

substantial and careful conceptual reworking is implemented, far beyond literal translation (Bhui et al., 2003).

For years, I blamed myself for not being able to do what everyone else seemed to do effortlessly. I did not realise that ADHD is not just a neurological difference, it was a difference that the system did not see when it did not come in the expected package.

Still, I wonder, what would it look like if universities and schools recognised these strategies not as flaws, but as evidence of adaptation? If the burden to change was not always placed on the students like me, but on institutions to understand that not all productivity looks the same? As Dvorsky and Langberg (2014) argue, academic environments often perpetuate ableist expectations of organisation and focus, which implicitly exclude neurodivergent students, especially those who appear to be coping "well enough" to not be offered support.

6. Thematic Synthesis

Across these narratives, several interconnected themes emerged consistently. First, ADHD was experienced not simply as a neurological condition, but as a deeply gendered and cultural experience shaped by expectations of obedience, emotional labour, and academic success. Second, masking emerged as both a survival strategy and a source of exhaustion, requiring constant self-monitoring and emotional suppression. Third, the findings revealed how institutional environments often reward stillness, organisation, and linear productivity while overlooking the invisible labour neurodivergent students perform to appear "functional." Finally, the study demonstrated that creativity, hyperfocus, and adaptability coexisted alongside burnout, unfinished projects, and identity fragmentation, challenging deficit-based understandings of ADHD.

Collectively, these themes illustrate how neurodivergent women from culturally conservative backgrounds may remain academically visible yet psychologically unseen. The narratives therefore highlight the urgent need for educational systems to move beyond individualised deficit models and toward culturally responsive and neurodiversity-affirming approaches.

7. Data: Auto-Ethnographical Writings and Impressions

7.1. Scenes from a Disordered Mind

7.1.1. Episode One: Setting the Scene

From an early age, I learned how to be a good girl. In school, I kept my hands folded on my desk, forced my legs to be still even when they ached to move, and turned my chaotic thoughts into colour-coded notes. I memorised teachers' moods, timed my responses to avoid correction, and became the type of student that teachers wished for: polite, helpful, quiet. But this obedience was a mask. Behind it, I was constantly battling restlessness. I bit the insides of my cheeks to keep from interrupting. I double- and triple-checked my work to cover the impulsive mistakes that slipped in. My mind was a browser with twenty tabs open, and every compliment about my good behaviour only deepened the shame I felt when I inevitably slipped. The few times I did speak out of turn or forget something important, I was scolded. Not for the act, but for the perceived attitude. "You know better," they'd say. "You're not like the others." I carried that weight of being held to higher standards because I performed well, because I knew how to say sorry, because I was good at hiding. Within Middle Eastern culture, where femininity is often equated with obedience and modesty, there was no room for visible chaos. ADHD, restlessness, impulsivity, and disorganisation clashed with what a girl was supposed to be. And

so, I learned to suppress. To fold myself into shapes that pleased others. To polish every surface, even when my internal world was cracking.

Upon entering secondary school, the foundations I had built throughout my primary education began to show deep fractures. From the earliest moments of my conscious memory until the end of primary school, I survived by masking, an exhausting and often invisible coping strategy. I vividly recall the astonishment of my classmates, who often remarked on how I consistently achieved high marks despite teachers' frequent comments that I was inattentive. They would exclaim, "How can you always be the first one to finish the exams?" To them, I seemed clever, and perhaps, in some respects, I was. However, what they could not see was the immense mental labour underpinning my performance. I forced myself to study daily, to complete every homework assignment meticulously, to focus in class with near-superhuman effort. This strategy carried me through primary school, but the victory was short-lived.

The cognitive and emotional demands of constant self-monitoring and masking eventually led to severe burnout, a phenomenon well-documented among neurodivergent individuals who attempt to fit into neurotypical environments. My mind, my body, and my very soul grew overwhelmingly tired, a fatigue that, even now, remains embedded within me. This exhaustion was not the product of laziness or lack of effort; rather, it reflected the unsustainable nature of the coping strategies I had been forced to adopt. Despite the burnout, I internalised the belief that I had no right to collapse under the pressure. I carried an unspoken obligation to succeed, not for myself, but for my family. In Middle Eastern cultures, a child's success is often seen as a reflection of the entire family's honour and sacrifice. My achievements were not solely my own; they belonged to my parents, my siblings, and my community. I could not afford to falter.

On the first day of secondary school, at the age of thirteen, I accompanied my mother to meet my new teachers. I will never forget her words: "She is a great student, but she might get distracted from time to time." Despite years of effort, years of suppressing my instincts and polishing my behaviour, I remained the daughter who "got distracted." In that moment, I heard the first crack in the mask, a subtle but devastating fracture. The second crack emerged more forcefully when I realised that the strategies that had carried me through primary school no longer worked. Despite meticulous studying, attentive listening, and rigid self-discipline, my grades began to decline. I remember vividly the confusion and disappointment in my father's voice when he confronted me: "I don't understand what is happening with you! We put food on your table, clothes on your back, and the nicest pencils and notebooks, and this is how you repay us? What are we doing wrong?" His words carried a heavy weight of cultural and familial expectation, reflecting a common narrative in collectivist cultures where personal struggles are often interpreted as moral or familial failings. Overwhelmed, I finally broke. "I DON'T KNOW!" I shouted. "YOU WANTED ME TO FOCUS, SO I DID. YOU WANTED ME TO STOP DOODLING, SO I DID. YOU WANTED ME TO BE ORGANISED, SO I DID. BUT DAD, I DON'T KNOW WHAT IS WRONG! I AM TIRED. MY BRAIN IS TIRED." His response was not one of understanding, but of further dismissal: "So you are blaming us? I bet you are just copying your friends and not studying like them." The irony was painful because, at that point, I had no friends.

The final, irrevocable crack came during the national examination, the Third Intermediate Examination (الامتحانات الوزارية للصف الثالث المتوسط), a pivotal assessment for all students in Kurdistan and Iraq at the end of ninth grade. Performance in this exam determines admission into prestigious academic high schools, technical schools, or vocational tracks, shaping a student's future career trajectory (Ministry of Education, Iraq, 2019). Driven by the desperate need to succeed, I locked myself in my room for weeks, forcing myself to study relentlessly. I denied every natural urge to move, to draw, to let my mind wander. When my concentration

faltered, I would pinch myself sharply, punishing my body into submission. Eventually, the physical strain became too great. One day, while studying, I fainted. When I awoke, a nurse explained to my father that I had collapsed from extreme mental and physical exhaustion, a textbook case of academic burnout exacerbated by prolonged masking and self-suppression. That day, something inside me broke beyond repair. The version of myself that clung to the dream of being a good student, a good daughter, and a future success story quietly died. In its place was an emptiness, a hollowed-out shell devoid of motivation, hope, or ambition. That girl, the one who believed she could win love and acceptance through achievement, never returned.

Thinking back, I believe the real reason I applied for a postgraduate degree abroad was to create distance between myself and my family, not out of resentment, but as a way to breathe away from the constant pressure to be organised, academically successful, and emotionally composed. At the time, I saw this pressure as suffocating. The daily reminders to clean my room, finish my homework, or revise for exams felt relentless. So, when I received my acceptance letter, I felt relief, like I had finally earned the right to be left alone. But now, months into living in the United Kingdom on my own, I have come to a difficult realisation: the very structure I wanted to escape was the same one keeping me afloat. Since arriving, I've found it incredibly difficult to function in ways that once seemed automatic.

My room remains messy for weeks, dishes pile up, and academic articles go unread. I create to-do lists with the best of intentions, but by the time the sun rises, I convince myself I'll start tomorrow. Then tomorrow becomes the next day, and the next. This cycle of procrastination and self-neglect has become familiar to me, and for the first time, I see the invisible scaffolding that held me together back home. My mother's nagging, as I once called it, was actually a form of executive support, external reminders that helped me regulate my attention and stay on task. My father's affirmations, his pride in my education and language skills, acted as emotional motivators that anchored my identity as (the smart one,) the first daughter to go to university. I didn't realise it then, but their expectations created an environment in which my success was externally regulated, something researchers describe as executive scaffolding.

According to my school reports, I was an A student. I performed well across subjects, rarely missed deadlines, and was often praised for my discipline. But this changed when I entered high school. I began to lose motivation due to the exhaustion I felt from masking. Homework felt pointless unless there were immediate consequences. I found myself increasingly pulled toward movies, music, and the internet, forms of stimulation that offered instant feedback and emotional resonance. It was around this time that my mother became less involved in my academic routine, her attention redirected to my younger sister. My parents believed I had reached an age where I could take care of myself. But that assumption overlooked something fundamental about my neurodivergence.

This was when the signs of ADHD began to surface, subtly at first, then more disruptively. I became distracted, impulsive, and mentally foggy. I would space out during lessons, stare blankly at the walls, start tasks, and abandon them halfway through. I often felt incapable of organising even the smallest parts of my day. Still, I masked these experiences. I didn't want to worry my family or disappoint the image they had of me. I tried to maintain the appearance of being the dependable eldest daughter. My grades in math and science began to fall drastically. I couldn't bring myself to care about formulas or memorisation. Even when I tried to study, my mind drifted, seeking stimulation, seeking meaning. English, however, remained the exception. I was able to focus during English classes because I enjoyed it. I now understand that emotional engagement is a major factor in motivation for people with ADHD.

There's also a cultural layer to this story. As the eldest daughter in a Middle Eastern family, I was expected to lead by example, tidy, composed, high-achieving. There was no space for lazy, messy, or forgetful. So, when these qualities began to emerge, I buried them again and again. I learned to overcompensate, to perform productivity while quietly falling apart. Only now, with distance from my family and the structures that held me together, can I clearly see how deeply these dynamics shaped me. What I once interpreted as overbearing parenting was, in many ways, a form of care, misunderstood, perhaps, but effective in keeping me aligned. The absence of that structure hasn't freed me; it's exposed me.

7.1.2. Episode Two: Unfinished Projects and the Mask of Many Colors

Every time I think about the unfinished projects I left behind, I feel a deep ache of frustration and sadness. I often wonder who I could have become if I had just managed to finish one of them. Maybe I would have been financially independent, successful, or simply more certain of myself. After graduating from university, I had no desire to become a teacher. I wanted to become an artist. I spent hours sketching and painting, posting my work online and slowly building an audience. People loved my art, and for the first time, I felt seen. I started accepting commissions, exhibiting at local festivals, and creating handcrafted necklaces with tiny hand-drawn pendants. My work spread across the city, and people began recognising my name. Everything felt exciting, alive, and full of possibility. Then, without warning, something inside me shifted. One morning I woke up and the life I had built no longer felt like mine. The same work that once filled me with excitement suddenly felt dull and exhausting. I lost interest completely, and no matter how hard I tried to force myself back into it, I could not reconnect to the passion I once had.

The same thing happened again and again. I became obsessed with the idea of opening an art café where people could drink coffee, socialise, and create art together during themed evening sessions. I threw myself into planning it, searching for locations, speaking to my parents, imagining every detail of the space. I found the perfect venue, and everything was almost ready. Then the excitement disappeared just as suddenly as it had arrived. I abandoned the idea before it even had the chance to exist. Soon after came another project: painting artwork onto denim jackets, jeans, and t-shirts. People loved them. I sold pieces across Kurdistan and was invited to showcase my work at a fashion event hosted by the French Ministry. From the outside, it looked like success, but inside, I was already drifting away from it. I stopped answering customers, stopped painting, and quietly walked away from another version of myself.

Within months, I moved rapidly from one dream to another. Art books, children's stories, teaching art classes, fashion projects, business ideas, each one consumed me completely before fading into nothing. People around me always assumed I gave up because I was bored, but that never felt true to me. I could tolerate boredom. What frightened me was feeling trapped inside a life that no longer felt alive. My mind was never fixed in one place. It moved constantly, reaching for new experiences, new emotions, new versions of myself. For a long time, I hated myself for that. I tried forcing myself to stay committed to one path because everyone around me insisted that stability was the only acceptable way to live. The more I tried to become that version of myself, the more disconnected I felt.

Whenever people asked who I was, what I loved, or what my passion was, I never had one answer. I loved too many things at once. I once described myself as white light, absorbing every colour and experience around me without ever settling into one shape. I loved the fluidity of who I was before people convinced me it was something shameful. As a child, I learned to hide those parts of myself behind a mask that grew heavier with time. Eventually, I no longer knew where the mask ended and I began. I started questioning everything about myself. Did I

truly love art, or did I only love being seen as talented? Did I enjoy reading, or did I enjoy seeming intelligent? Was I even being myself, or had I spent so long performing different identities that I no longer knew which one was real? I still carry those questions with me. Sometimes I feel suspended between different versions of myself, unable to fully belong to any of them, searching for an identity that feels like home instead of performance.

7.1.3. Culture Vs Sensory Overload

I've always had a restless relationship with my appearance, a constant desire to change it, to reinvent myself. You could say this was a side effect of my ADHD, because I wasn't allowed to express my restlessness outwardly, so an internal restlessness was created that mirrored my external world. I wanted to cut my hair often, experiment with different styles of clothes, sometimes more feminine, sometimes more "boyish," as others would put it. But my mother never understood this about me. She would always remind me, "You are a girl, and a girl means long hair and feminine clothes." Whenever I expressed the desire to cut my hair short, like a boy, as she would call it, she would question me as though I were a prisoner. "Girls don't have hair like that," she'd say, her voice filled with concern, even disapproval. I would see it in her eyes, a mixture of fear and confusion. She believed that my hair was a symbol of my femininity, and without it, I would lose something important.

Now, I might sound dramatic to you, the reader, but just pause for a moment. Try to imagine, just for a second, how it would feel if even your hair didn't belong to you. Imagine if something as simple as a haircut could reduce your value in the eyes of your family, your culture, and your community. This wasn't just about hair; it was about control, about the way my very existence was dictated by external expectations. For years, I told her that I didn't like long hair, not because it was too feminine, but because I got overstimulated easily because of my ADHD. The weight of it on my neck, the constant brushing, the endless upkeep, it overwhelmed me. But even when I explained my reasons, she dismissed them as excuses, or worse, as signs of ingratitude. "You don't understand how lucky you are," she'd say. But I did understand. I understood all too well that my discomfort didn't matter. My feelings about my own body were secondary to the image of me that everyone else wanted to see. When I turned 18, I finally gathered the courage to decide for myself. I convinced my mother, against her will, to let me cut my hair. I chose a pixie cut, something bold, something that would make me feel lighter, freer. The excitement was electric. I felt like a new person, refreshed, reborn. But I knew my family would disapprove. Still, I hoped that, perhaps, they might see the change as a positive one.

I was wrong. My father, with a slight laugh, told me I looked like one of the chickens he kept in the yard. My cousins teased me, saying I looked like a boy. My aunts told me I had ruined my hair, and distant relatives mourned what they called "the waste of good hair." Their words hit me harder than I expected. The disappointment was palpable, the judgment sharp. But this wasn't just about hair. It was about living in a culture that judges every choice you make based on others' perceptions. In that world, you don't exist as an individual, you exist for the sake of others. If you are a girl, from the moment you are born, your life, your body, your hair, your mind, your clothes, your behaviour, none of it belongs to you. It belongs to whoever is looking at you, measuring you, judging you. For someone with ADHD, who's very being thrives in the freedom of individual expression and self-definition, this felt like a prison. I was constantly fighting to exist within a framework that didn't allow me to be who I was. I was forced to perform, to present a version of myself that fit the mould of what was acceptable, what was "normal." This wasn't just about my appearance, it was about my very identity being shaped by forces beyond my control.

The day I cut my hair was the day I took my first step toward reclaiming myself. It was the first time I decided based solely on my own needs and desires. It was the first time I did something for my own well-being, something that was entirely about me. Cutting my hair was more than just a style choice; it was an act of defiance, a refusal to be defined by the limits others imposed on me. It was a declaration that my body, my mind, and my choices belonged to me, not to anyone else's expectations. That moment, that decision, marked the first time I made a choice about how I wanted to be perceived, about how I wanted to move through the world as me, not as what others thought I should be. The sensory landscape of the dinner table was overwhelming too. The clatter of cutlery, the rising and falling cadences of multiple conversations, and the sharp smells of various dishes all collided in a chaotic symphony that most neurotypical family members could filter out with ease. For me, every sound seemed amplified, every movement magnified. Individuals with ADHD often experience sensory processing difficulties, which can exacerbate feelings of frustration and overwhelm in environments deemed "normal" by others. When we were invited to my relatives' house, a ritual my family adored, it filled them with a deep sense of belonging and community. To them, these evenings were the fabric of life itself: laughter, chatter, plates of food passed between hands. But to my ADHD brain, it only meant one thing: I was about to endure yet another draining, endless evening.

Hours before we even arrived, I would start rehearsing my lines like an actor about to go on stage. How do I say hello? Should I shake their hands? Will I be expected to hug them? Hugging, the sheer thought of it made my skin crawl. It felt uncomfortable, invasive, and unnecessary. But it was expected. So, I would force myself to put on a big, dazzling smile, so big that my cheeks would start to ache before the evening even properly began. Then, one by one, I would greet everyone with the same phrase, like a broken record, because honestly, I didn't know what else to say. Social gatherings always confused me. It was as if there was an invisible social script everyone else had memorised, an intricate choreography of small talk, jokes, gestures, knowing when to speak, when to listen, that I had somehow missed the rehearsal for. For people with ADHD, difficulties with social interactions are common but often misunderstood. It's not that we don't want to connect; it's that our brains process the cues of conversation differently. Reading between the lines, following shifting group dynamics, and keeping up with the fast pace of social exchanges, all of it requires an enormous amount of cognitive effort. Unlike neurotypical individuals who can intuitively navigate social norms, my mind needed to actively decode every tiny moment: Was that joke meant seriously? Was it my turn to speak? Was I smiling too much? Was I speaking too fast? Instead of flowing naturally, every interaction became a puzzle I had to solve in real time. And the more I tried to keep up, the more exhausting it became.

Working memory deficits, a core challenge for individuals with ADHD, make it harder to hold onto conversational threads while simultaneously processing new information. This meant that even when I wanted to engage, my mind was often either racing too far ahead or stuck trying to remember what was just said. Add to that emotional dysregulation, another hallmark of ADHD, and a simple conversation could easily tip into overwhelming territory: feeling hurt when teased, feeling panicked when I couldn't find the right word fast enough, feeling guilty for withdrawing when it became too much. Social interactions weren't just tiring because they were long or noisy. They were tiring because every moment demanded hypervigilance, a constant performance of "acting normal" that felt so unnatural to me. I was like a robot, programming myself to repeat safe phrases over and over, not because I didn't care about people, but because my brain was struggling to keep up with the unspoken rules everyone else seemed to breathe effortlessly. I became a robot, programmed to perform the ritual of belonging without ever truly feeling it.

As the night unfolded, the adults would separate, the women gathering in one room, the men in another, and the cousins, me included, were left to our own group. And yet, even among my own blood, I felt like a stranger. Whatever they talked about, school, TV shows, weddings, I nodded, smiled, and laughed at the right moments. But deep inside, I wasn't there. I was trapped behind a thick pane of glass, unseen and unheard. The noise was relentless: the roar of overlapping conversations, the shrill laughter of my mother and my uncle's wife echoing through the house, my father and uncle's booming arguments about politics in the next room. The lights were too bright, the walls painted in colours too loud, the rooms too crowded. Every sound, every flicker of movement, every expectation to "just sit and chat" pressed down on me like a heavy, invisible hand. All my senses screamed at me to escape. Even when I tried to step outside for a moment of air, my cousins would trail after me, concerned or offended if I asked for solitude. I learned quickly: needing space made you seem rude, ungrateful, and dramatic. So, I stayed. I performed. I laughed when they laughed. I sat when they sat. I smiled so hard it hurt. Hours later, when we finally left, I would be beyond exhausted. Not tired like everyone else, full of food and stories and togetherness. But hollow. Drained.

Completely spent from masking, from squeezing myself into the mould of what a "good daughter" should be, the version that made my parents proud. You might say: "Of course you'd be tired after such a lively evening with family." And you would be right. But where you might feel love, warmth, and connection, all I felt was a heavy, overwhelming need to be left alone. I wasn't basking in the glow of family; I was barely holding myself together. I wasn't part of the tapestry. I was fraying at the edges, unseen.

But noise was not only a sensory phenomenon; it was also symbolic of control and authority. Loud voices were associated with dominance, and silence with obedience. Any attempt to withdraw, to cover my ears, to ask for quiet, was perceived as rude or rebellious. In Middle Eastern cultural contexts, maintaining the appearance of respect is often more important than addressing the individual's emotional needs. Thus, I learned not to trust my body's reactions. I learned that discomfort must be swallowed along with the food on my plate. Respect, I realised, was not an internal value but an external performance. To be "respectful" meant to endure, to suppress, to disappear. ADHD, however, resists disappearance. It demands movement, expression, and authenticity, all qualities that clashed with the rigid expectations placed upon me. I remember one evening, after a long, exhausting day at work, I turned to my mother and quietly said, "I don't want to go to Uncle's house tonight. I'm tired." But the truth was heavier than that: I wasn't just tired. I was depleted from hours of performing at work, masking my restlessness, rehearsing my words, and appearing "put together.'' The thought of stepping into another stage, another performance at a family gathering, was unbearable. I needed to just exist without acting.

Instead of a nod of understanding, my mother stared at me, her face filling with disbelief. "What will your uncle think?" she asked sharply. "How disrespectful of you. You always just want to be alone. I knew it was a mistake teaching you English, you want to be like those Europeans now, always hiding away from family." For a brief, fleeting moment, I doubted myself. Maybe she was right. Maybe the fault was in me. No one else seemed to crave solitude the way I did. No one else seemed to dread togetherness. It must be me. But something in me, some quiet, stubborn thread of selfhood, persisted. "I am 21 years old," I said, my voice trembling but firm, "and every time you wanted to go somewhere, I went without complaint. I put everything aside to come along. Just for tonight... I am really tired. I'm not even hungry. Please, understand." I should have known that "please understand" would break everything. Her face hardened, and her voice, once nurturing, became sharp with hurt: "Understand?" she echoed, "So now you think you are better than me because you have your degree? Because you are so educated? You think I'm ignorant! You didn't do me a favour by coming with me. You're my daughter, that's

the least you owe me after everything I went through for you. I fed you, protected you, sacrificed for you... and you speak of it like it was a burden. You should be grateful to sit beside me while I'm still alive. Am I a monster to you?"

She wasn't a monster. Not even close. She was a mother raised in a culture where love was shown through sacrifice and proximity, where individual needs were secondary to the family unit. Her way of pulling me into gatherings, of making sure I wasn't alone, wasn't about control, it was about love in the only language she knew. It was about silencing the voices of family members who whispered behind closed doors: "Where is Sozyar?" "Is she hiding in her room again? That's not good for her future." "Does she hate us? She's always so distant."

In those moments, her taking me with her wasn't an obligation; it was her shield, her defence against a culture where isolation was seen as rejection and rejection meant failure. And that was my curse. As a girl with ADHD, I had always been exquisitely attuned to others' emotions, overly empathetic, painfully aware of every twitch of disappointment, every frown of disapproval. I could see her side so clearly, feel her wounds so intimately... But no one ever truly saw mine. Whatever I said, however carefully I chose my words, somehow it always came out wrong. My need for space sounded like arrogance. My exhaustion sounded like ungratefulness. My boundaries sounded like betrayal. That night, when I finally put my foot down and stayed home, the guilt latched onto me like a second skin. I imagined my mother sitting there, fielding the inevitable questions, "Where is Sozyar?" I imagined her inventing excuses to protect me, to protect us. And that guilt never left. Even today, whenever I choose myself over the crushing weight of expectation, all I feel is guilt. Guilt for needing rest. Guilt for saying no. Guilt for daring to exist outside the frame drawn for me. When I set a boundary, it doesn't feel like self-care. It feels like selfishness. It feels like betrayal. It feels like shame. In retrospect, I understand that the dinner table rituals were not inherently cruel. They were survival mechanisms, attempts by my parents and elders to ensure that I would fit into a world that had no patience for difference. They loved me, but their love was filtered through fear: fear that I would be judged, ostracised, or shamed if I did not conform.

Yet the cost of that love was silence. It was the slow erasure of my impulses, my needs, and my voice. Every bite of food, every strained smile, every swallowed protest became another layer of the mask that would eventually crack under the weight of accumulated exhaustion.

8. Discussion

Writing this thesis has been a process of both narrating and reinterpreting my own experiences. Autoethnography invites this dual positioning of being both researcher and subject, where the act of writing is itself part of the data (Ellis et al., 2010). When I first began drafting, I wrote with urgency, almost in a stream of consciousness. I felt that if I did not capture my memories quickly, they might be lost or invalidated. Looking back now, I realise this urgency reflects the ADHD traits of restlessness and fear of forgetting, which shaped not only my experiences but also the very form of this thesis.

When I revisit my earlier chapters, I notice a defensive tone, as though I felt compelled to justify my struggles. This reflects what Smith and McVeigh (2025) describe: the ongoing burden students with ADHD carry as they navigate stigma and often feel pressured to explain, defend, or conceal their difficulties within university settings. Reflexively, I now see how this defensiveness reveals more than just my personal insecurities: it demonstrates the cultural and institutional pressures placed on neurodivergent students to prove their legitimacy. In this sense, my thesis is not only autobiographical but also situated within a wider discourse on neurodiversity and inclusion (Clouder et al., 2020).

Conversely, I also notice moments in my writing where I leaned into vulnerability. At the time, I worried these passages were "less academic." Now, however, I understand them as aligned with autoethnographic practice, which values authenticity and affect as legitimate forms of knowledge production (Holman Jones, 2016). By sharing personal details that blend seriousness with playfulness, I was not undermining my argument but contributing to what Ellis and Bochner (2000) call the "evocative" dimension of autoethnography, where emotion itself is a form of insight.

My engagement with theory also shifted over the course of writing. Initially, I used theory as a shield, inserting references almost defensively to validate my lived experience. This reflects what Richardson (2000) describes as the tension between personal voice and academic legitimacy. However, now in retrospect, I see that theory and narrative worked dialogically. For example, ADHD research on executive dysfunction and time management (Barkley, 2015) helped me articulate patterns I recognised in my own academic journey, while my narrative complicates these accounts by foregrounding the gendered and cultural contexts that shaped how my struggles were interpreted.

This process of reflexivity has changed the way I view my text. While earlier chapters were about claiming space and recognition, this discussion allows me to step back and read my own writing as both personal testimony and social critique. As Anderson (2006) argues, analytic autoethnography requires us to oscillate between introspection and theoretical dialogue. I now see my thesis as doing precisely that: using my story not only to document ADHD in higher education but also to challenge narrow academic norms that have historically marginalised such voices.

As I reflect further, I am struck by how writing this thesis became an act of resistance against traditional academic expectations. Conventional academic writing often values detachment, objectivity, and linear argumentation. Yet my own process was fragmented, nonlinear, and emotionally charged. At first, I judged myself harshly for this, interpreting my difficulties with structure as a personal failure. Only later, through both reflexivity and engagement with scholarship, did I begin to see these struggles differently. For example, Goodley (2016) argues that disability challenges the "normative" structures of knowledge production by revealing how those structures privilege certain ways of thinking. In this light, my messy drafts and circular thinking were not evidence of incapacity but rather indicators of how my neurodivergent cognition does not easily fit within ableist academic templates.

This recognition has shifted my perspective on productivity. While writing earlier chapters, I often compared myself to an imagined "ideal student," organised, efficient, and consistent. Such comparisons left me feeling inadequate and guilty. Now, however, I see that my pace and rhythm of writing reflected what Yergeau (2018) describes as "neuro-queer" modes of expression, where atypical cognitive patterns can generate alternative forms of knowledge. My tendency to jump between ideas, once a source of shame, is now something I can interpret as part of a creative academic practice. Reflexively, this change in perspective allows me to acknowledge both the challenges of ADHD and the unique epistemic contributions it can bring.

Another theme that emerged in revisiting my earlier writing is the interplay between culture and diagnosis. When I originally wrote about growing up without recognition of ADHD, I felt a sense of isolation, as though my struggles were purely individual. Looking back, I now see them as deeply shaped by cultural narratives around gender and mental health. Studies highlight how women are frequently underdiagnosed or misdiagnosed with ADHD because their symptoms present differently than men's (Quinn & Madhoo, 2014). My reluctance to identify with ADHD at first, and my tendency to mask, were not personal shortcomings, but reflections of broader gendered expectations. Reflexively acknowledging this has helped me

reframe my thesis as not just my story but as one situated within systemic patterns of invisibility.

The act of returning to my earlier chapters also makes visible the emotional labour of writing. I remember moments of frustration when I felt that no amount of effort could produce the "polished" text expected of me. At the time, I interpreted this frustration as evidence that I was unsuited to academia. Now, reading those passages again, I am reminded of Ellis's (2009) suggestion that autoethnography requires us to embrace vulnerability as a methodological strength. What I once viewed as weakness, my expressions of overwhelm, doubt, or self-criticism, are in fact central to producing a text that is honest and human. This reframing also aligns with Pelias (2019), who argues that writing should not only inform but also move and connect with readers.

Perhaps most importantly, this reflexive process has helped me see that my thesis is not simply about my past self but also about my ongoing becoming. The stories I wrote months ago were attempts to make sense of who I was then, but writing this discussion has shown me how my understanding continues to evolve. Autoethnography, as Ellis and Bochner (2000) note, is not a static representation but a living, shifting practice. Thus, my discussion is not a conclusion in the traditional sense, but a recognition that self-understanding is iterative, influenced by time, reflection, and theory.

In re-reading my work, I no longer only see struggle; I also see resilience. I see how writing became a form of advocacy, not only for myself but for others navigating education with hidden disabilities. This awareness gives me a renewed sense of purpose: that my thesis is not only an academic contribution but also part of a broader call for more inclusive practices in higher education (Clouder et al., 2020). Reflexively, this realisation transforms my relationship to my own text, from one of self-critique to one of recognition, pride, and responsibility.

9. Institutional Recommendations

9.1. Earlier and Gender-Sensitive ADHD Screening

The findings of this study highlight the need for educational institutions to adopt more culturally responsive and neurodiversity-affirming practices. Current diagnostic frameworks often prioritise hyperactive and disruptive behaviours associated with boys, leaving many girls and women undiagnosed until adulthood. Screening processes should therefore be expanded to include inattentive presentations, emotional dysregulation, perfectionism, masking behaviours, and chronic exhaustion, all of which are frequently reported by women with ADHD. Educational professionals should also be trained to recognise that high academic achievement does not necessarily indicate the absence of neurodivergence. Many students continue to perform well academically while experiencing severe emotional distress, burnout, and executive dysfunction behind the scenes.

9.2. Culturally Sensitive Mental Health and Academic Support

Educational institutions should provide culturally sensitive mental health and academic support services for students from ethnic minority and collectivist backgrounds. For many students, particularly women from Middle Eastern, Asian, or migrant families, academic performance is deeply connected to family honour, responsibility, and sacrifice. As a result, struggles with concentration, organisation, or emotional regulation may be interpreted within families as laziness, rebellion, or moral failure rather than as signs of neurodivergence. Universities should therefore ensure that counselling services, disability support teams, and academic advisors are

trained to understand how cultural expectations intersect with ADHD experiences. Support systems that ignore cultural context risk misunderstanding students' needs and reinforcing feelings of shame and isolation.

9.3. Flexible Learning Structures and Assessment Policies

Universities and schools should adopt greater flexibility around deadlines, attendance policies, and methods of participation. Traditional educational models often reward rigid organisation, time management, and stillness, expectations that disadvantage many neurodivergent students. Flexible deadlines, recorded lectures, alternative participation methods, and opportunities for asynchronous learning can significantly reduce stress and improve academic engagement. Importantly, flexibility should not be framed as "special treatment," but as an equitable adjustment that acknowledges neurological diversity.

9.4. Movement-Permissive and Sensory-Aware Classrooms

Educational environments should become more movement-permissive and sensory-aware. Throughout this study, experiences of sensory overload, physical restlessness, and the suppression of movement emerged repeatedly. Many neurodivergent students are expected to remain physically still in order to appear attentive and respectful, despite research showing that movement can support focus and emotional regulation in ADHD. Schools and universities should therefore normalise small forms of movement within classrooms, such as standing, stretching, using fidget tools, or changing seating positions. Additionally, sensory-friendly study spaces with reduced noise and visual stimulation could improve concentration and wellbeing for neurodivergent learners.

9.5. Neurodiversity and Intersectionality Training for Staff

Teacher education and staff development programmes should include mandatory training on neurodiversity, masking, and intersectionality. ADHD in women and minority ethnic students often remains invisible because it does not align with dominant stereotypes surrounding hyperactivity and behavioural disruption. Staff may misinterpret lateness, disorganisation, emotional sensitivity, or inconsistent performance as lack of effort or poor attitude, rather than manifestations of executive dysfunction and chronic burnout. Increasing staff awareness could reduce punitive responses, improve referral pathways, and foster more compassionate educational relationships.

9.6. Moving Beyond Deficit-Based Understandings of ADHD

Educational institutions should move beyond deficit-based understandings of ADHD and recognise the strengths often associated with neurodivergence, including creativity, adaptability, innovation, emotional sensitivity, and divergent thinking. Much of the existing discourse surrounding ADHD focuses solely on impairment and dysfunction, overlooking the ways neurodivergent individuals contribute unique perspectives and problem-solving approaches. Creating environments where neurodivergent students are not merely accommodated, but genuinely valued, can promote both academic success and psychological wellbeing.

10. Conclusion

This research has explored the lived experiences of an undiagnosed female student with ADHD, highlighting the multifaceted ways ADHD intersects with academic, social, and cultural contexts. Through autoethnography, the study foregrounded personal narrative, providing insights into the challenges of navigating higher education without formal diagnosis or recognition. The findings revealed persistent difficulties with attention, organization, and time management, alongside experiences of misunderstanding and stigma from peers and educators, which contributed to emotional distress and social isolation. These experiences underscore the importance of recognising neurodiversity within educational settings and adapting support structures accordingly (Loe & Feldman, 2007; Kooij et al., 2018).

The research also illuminated the coping strategies employed, such as creating structured routines, seeking informal support networks, and using self-directed learning techniques. While these strategies facilitated academic persistence, they often required significant personal effort and emotional labor, reflecting broader systemic gaps in ADHD awareness and accommodations (Barkley, 2015). Reflexivity was central to interpreting these experiences, enabling critical examination of how gendered expectations and societal narratives about ADHD shaped both internalized perceptions and external interactions.

Overall, this study contributes to a deeper understanding of ADHD from a female perspective, emphasizing that undiagnosed individuals face unique challenges that are frequently invisible in educational research. By integrating personal narrative with theoretical frameworks, the study provides evidence that recognizing and supporting neurodiverse students requires both institutional awareness and culturally sensitive pedagogical practices. Future research should explore diverse female experiences across different educational and cultural contexts to inform policies and interventions that are inclusive, equitable, and attuned to the complexities of ADHD in higher education

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