

UNMASKED:

A NARRATIVE EXPLORATION OF IDENTITY IN FEMALE EDUCATORS WITH ADHD

This Major Research Project is submitted to OCAD University (Ontario College of Art & Design University) in partial fulfillment of the requirements for the degree of Master of Design in Inclusive Design

Toronto, Ontario, Canada | August 2025

**BY: SOPHIE BISNAIRE
GUIDED BY: MAYA DESAI**

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Declaration

I declare that I am the primary researcher and sole author of this Major Research Project (MRP), which has been created through the stories of the lived experiences of five participants who generously shared their ADHD journeys. Their contributions, knowledge, insights, and perspectives are integral to the development of this project.

This is a true and complete copy of the MRP report, including all required final revisions as accepted by my advisor, Maya Desai.

I authorize OCAD University to lend this MRP report to other institutions or individuals for the purpose of scholarly research. I understand that this report will be made electronically available to the public.

Abstract

This qualitative narrative inquiry explores the lived experiences of five adult female educators in Ontario, Canada who were diagnosed with or self-identify as having Attention Deficit Hyperactivity Disorder (ADHD). Participants teach across elementary, secondary, and post-secondary levels. A college consultant in educational development was also interviewed as a key informant to provide additional context. Data was collected through one semi-structured interview per subject and validated through member-checking and a collaborative reflection process in which participants could help co-author their narrative vignettes.

The study investigates how ADHD intersects with gender, professional identity, pedagogy, and institutional systems, especially in women, most of whom discovered their ADHD in adulthood. While each story is unique, the participants from this study described bringing fun, sensitivity, creativity and empathy to a system which has traditionally pathologized ADHD rather than recognize it as an exceptional difference.

Themes included paradoxes of identity formation, systemic expectations and pedagogical values. Across educational contexts (elementary, secondary, and post-secondary) systems were seen as underfunded, outdated and unsustainable. Participants shared experiences of burnout and chronic pain as well as some struggles navigating ableism, and internalized stigma. They also reflected on their past as young students with unnamed ADHD and how these experiences shaped their relationships and sense of self. Many participants described teaching in ways they wish they had been taught and shared some examples of how they connect with struggling learners. Common challenges and/or traits included: all-or-nothing thinking, administrative overwhelm, emotional dysregulation, and struggling in environments that are not suited for their physical and mental well-being.

This study acknowledges the importance of expansive supportive and inclusionary measures. A student's learning environment is a teacher's work environment; therefore, where empathy and support helps one group, it will likely benefit others. The study calls for the creation and implementation of flexible, human-centered approaches to education that acknowledge and value diverse cognitive and emotional experiences within our schools as learning environments and as workplaces.

Keywords:

ADHD, female educators, neurodiversity, narrative inquiry, inclusive education, educational reform, stigma, mental health in education, lived experience, human-centered learning, emerging technologies in education, education design

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Dedication & Acknowledgments

This research project is dedicated to my late mentor, Vanessa Vilic-Evangelista. Her influence on me as an instructor and as a human being is immeasurable. She was a bright light in our lives and her empathy and passion taught us all what it meant to be dedicated and loving. This research was inspired by a shared vision of her work in its aspiration to the ideal of inclusive classrooms, student-centric learning and understanding, inclusivity, and ‘synergy’. I dedicate this work to her– to teachers.

I also dedicate this research to the neurodiverse members of my family, especially those who spent years trying to understand and accept themselves fully, and to those who perhaps never had the chance. I also honour all the radiant neurodiverse educators who often feel caught between feeling like they are “too much” and “not enough.” You deserve to be your authentic selves, appreciated and cherished in all the ways you are unique.

I share this inclusive design degree with my mom, Jocelyn, who sacrificed her masters degree with only one credit remaining to instead pursue a career in teaching to support her family. I would not be who or where I am today without her. Thank you, mom.

I want to extend my deepest thanks for the kind mentorship of my advisor, Maya Desai. I am grateful as well to my teachers and classmates for informing my understanding of what it means to be an Inclusive Designer. To my family: husband, mom, papa, sister, supportive friends and extended family, I love you all. Thank you for your unwavering love and support, your understanding, and patience during many months, even years of personal challenge. Special thanks to my dear friend Bryan for his creative and intellectual wisdom and for introducing me to the world of UX design. I also extend my heartfelt thanks to the key informant who contributed their professional knowledge and insights to this study.

In closing and above all, I wish to extend my deepest gratitude to the five generous and brave participants who allowed me access to their personal journeys as educators with ADHD. Without your generous contributions, there would be no study. Thank you for trusting this process and for trusting me. Your insightful vulnerability has shaped this work in ways I never expected. Through you I have learned about myself ; voices like yours shape and inform our understanding of what it means to be brilliant educators both in and outside the classroom.



Figure 1 Pseudonym Bouquet (Illustrated by the researcher S. Bisnaire)

Guiding Metaphor

This narrative research project incorporates a floral theme with respect to participant pseudonyms (Rose, Lily, Daisy, Marigold and Lavender) and visual representations of data (i.e. floral Venn diagram). Metaphorically, the blossom is the ultimate actualization of a plant's life cycle involving growth, rest, and renewal.

Participants in this study spoke of their own cycles of shifting identity, challenge and transformation on their self-actualization journeys. This made the flower an appropriate theme for this narrative inquiry.

In figure 1, participants are represented as unique and individual flowers arranged together in a bouquet with a takeout cup as the vessel, which adds utility and humour to the complexity of adult ADHD in women. This illustration is intended to speak to the creative ways in which women with ADHD have had to navigate their environments, while also addressing their adaptability and resourcefulness.

Original artwork by the author.

"I think people need to be accepted and supported. That's what I would like... If neurodiverse students could be accepted and supported. And I'd like it if teachers could be, too."

Daisy (Pseudonym)

CHAPTER 1:

Introduction

1.1 Background

As a college educator in a predominantly female industry, I have seen a growing number of female students, friends, family members and colleagues, me included, uncovering their ADHD in adulthood. These observations, though anecdotal at the time, aligned with a growing number of social media accounts dedicated to adult females with ADHD. Despite this rise in ADHD awareness, there was a significant gap in academic literature addressing their specific experiences.

Additionally, I found little to no research focusing and centering on teachers in general nor those with ADHD regarding academic reform or Universal Design for Learning efforts. I began to wonder: What happens to neurodiverse girls, whether academically supported or overlooked once they graduate (if they graduate) and enter the workforce? How many women are either knowingly or unknowingly navigating these same challenges in silence and blaming themselves? Are there other female educators with ADHD, and if so, what do their experiences look like? These are the questions that inspired this research project.

One exciting observation, however, is in the two years since starting this graduate degree program and engaging with this research, I have noticed an increase in academic studies, publications and articles on the topic of ADHD, especially between 2023 and 2025. To me, this signifies promising progress toward greater recognition and the de-stigmatization of ADHD.

This study was derived from a desire to better understand the emotional labour, invisible workload, and structural barriers these educators face, if any, and to explore how their lived experiences might inform a more inclusive, human-centered, and sustainable educational system especially given the rise of emerging technologies and changing educational landscapes. The scope of the study was narrowed to female-identifying individuals to help address a gender gap in research and academic literature.

1.2 Limitations & Non-Clinical Focus

This study focuses on the lived experiences of five adult female educators in Ontario with ADHD, as well as one key informant working in educational development. The participants range in age from thirty-two to fifty-eight years old. To prevent gatekeeping, eligibility was extended to individuals with a formal diagnosis as well as those who self-identify. Barriers that can prevent access to formal assessment are outlined in the literature review.

This study uses narrative inquiry, a qualitative research method that investigates how people make meaning of their life experience through the stories they tell about themselves utilizing interviews, storytelling and personal accounts (Deakin, 2025). The sample size is intentionally small, so it does not attempt to generalize or make assumptions about all female educators with ADHD. The goal was to collect, analyze and contextualize specific data on specific participants in order to delve into their ADHD “stories,” their diagnostic or self-identification journeys, and the impact of their ADHD on their experiences in school, both as students, themselves, and/or as educators later in life.

The participants were recruited through professional and personal networks and all participants were known to the researcher ahead of the study (see limitations section in chapter 5 for more context). The original research design also intended to include a follow-up focus group with the participants in the form of a co-design to refine themes and collaboratively design institutional recommendations. Scheduling conflicts and time constraints prevented this phase from occurring. As a result, themes were composed by the researcher.

This is neither a clinical nor a diagnostic study of ADHD. It does not attempt to generalize outcomes, suggest or prescribe interventions, or make generalized assumptions. Participants describe symptoms known to be diagnosable as presentations of ADHD. These symptoms may include inattention, impulsivity, emotional dysregulation, hyper-focus, comorbidities and/or co-occurring conditions like anxiety, twice exceptionality (2e), bi-polar 2 disorder or OCD, but they must be seen in this report as narrative elements and the expressions of lived experience and learned vocabulary about a condition these participants are dealing with in broader social and institutional contexts. Whether symptoms and comorbidities are diagnosed or presumed by the participants, they are reflected in this report as they relate to their larger stories about obstacles, paradoxes, internalized shame, masking, overcompensations and the invisible challenges and labour required to survive in systems and institutions that neither recognized nor attended to their needs. This research emphasizes what we have come to learn about ADHD as more than just a neurological condition in its susceptibility to cultural and institutional conditions, pressures and expectations. It is highly intertwined with human development and the formation of identity, so the goal, in this case, is to not simply label or categorize, but to gain insight on how these particular educators interpret their own life experiences and make meaning of their professional personas through their neurodivergent perspectives.

While the scope for this study was intentionally narrowed to identifying females with ADHD, the small participant sample size represents a relatively narrow demographic range with regards to cultural ethnical and geographic contexts. As a result, the findings cannot reflect the broad diversity that would eventually suit a larger study that may seek to gain greater cultural, linguistic, and socio-economic data. There is much room for future research that includes more intersectional and cross-cultural perspectives on ADHD educators and education in general.

As a female educator with ADHD and as the primary researcher and facilitator of this study, a note about bias: qualitative narrative inquiry in this case aims to give voice to individuals who may be otherwise overlooked in education. To keep my own potential bias in check, I followed the standards set by the Research Ethics Board. I maintained a reflective stance throughout the research process by remaining open and accepting of each and every story with humility and consistent self-reflection. Examples of coding methods are included in the appendix to highlight transparency and accountability.

1.3 Glossary

Ableism

In the context of ADHD, ableism exists when neurodivergent ways of being and performing are seen as inferior, broken, or as character flaws that do not align with neurotypical norms, expectations and/or standards. Overt and covert systemic discrimination and stigma can lead to harmful practices, and systems that suppress or devalue neurodivergent identities, needs, experiences as well as their valuable contributions to society. (Parekh. 2022).

Attention Deficit Hyperactivity Disorder

“ADHD is defined as a neurodevelopmental disorder characterized by persistent patterns of inattention and/or hyperactivity-impulsivity that interfere with functioning or development. These symptoms must be present in two or more settings (e.g., at home, school, or work) and be inconsistent with the individual's developmental level.” (DSM-5)

Bipolar II disorder

Similar to bipolar I, it is a form of mental illness with moods cycling between high and low over time. Bipolar II however, is more internalized and never reaches full-blown mania as elevated moods are less intense. In contrast to bipolar I, those with bipolar II experience episodes of depression more often. (Hoffman, 2023)

Burnout

“Burn-out” is a syndrome conceptualized as resulting from chronic workplace stress that has not been successfully managed. It is characterized by three dimensions: feelings of energy depletion or exhaustion, increased mental distance from one’s job, or feelings of negativism or cynicism related to one’s job, and reduced professional efficacy. Burn-out refers specifically to phenomena in the occupational context and should not be applied to describe experiences in other areas of life.” (WHO, 2019)

Comorbidity

Comorbidity refers to two or more medical conditions occurring in a person simultaneously. Having a comorbidity complicates and shapes diagnosis, and treatment (Valderas et al. 2009).

Co-occurring condition

Co-occurring conditions Often relate to mental health and are sometimes used interchangeably with comorbidities, and one condition can often directly influence the other. Co-occurring conditions are more like traits, life experiences, or profiles that occur with ADHD. In a clinical context, these conditions are often described as comorbidities, but in education or advocacy settings, they are referred to as “co-occurrences.” (Naric, 2023)

Conners’ Continuous Performance Test (CPT)

The CPT is a neuropsychological assessment tool commonly used for ADHD testing. It’s designed to measure a person’s attention-related problems and impulsivity. (Conners, 2014)

Disorder

“A mental disorder is a syndrome characterized by clinically significant disturbance in an individual’s cognition, emotion regulation, and/or behaviour that reflects a dysfunction in the psychological, biological, or developmental processes underlying mental functioning.” (American Psychiatric Association)

Hyperfocus

Hyperfocus is an ability to sustain concentration on a task for a very long time. Some individuals can get so hooked on a task that they lose track of everything else going on around them. Changes in the frontal lobe are what cause hyperfocus, One study found that people with ADHD were more naturally able to hyperfocus, especially on tasks that are rewarding to them. (Langmaid, 2022)

Internalized Ableism

Internalized ableism is like “ableism” but internalized. It is a subconscious adoption of society’s negative beliefs and judgments about disability, leading those who are disabled to apply those harmful standards to themselves and in certain context, others. "Normal" is defined by the dominant culture in ways that marginalizes neurodiverse people and upholds exclusionary ideals. (Neurodiverging, 2022)

Meaning-making

“Meaning-making refers to the process through which people construe, understand, or make sense of life events, relationships, and the self.” (Park, 2010)

Narrative Vignette

Vignettes are mini-stories or “compact sketches that can be used to introduce characters, foreshadow events and analysis to come, highlight particular findings or summarise a particular theme or issue in analysis and interpretation.” (Ely et al., 1997: 70)

Neurodiversity

“It is a term that describes the wide range of human brains and minds, and the ways they are neurologically

different from each other. Neurodiversity includes people who have neurological differences such as autism, ADHD, dyslexia, schizophrenia, and bipolar disorder.” (Cleveland Clinic, 2025)

Neuroinclusion

Neuroinclusion refers to “recognising, respecting, and creating a level playing field for neurocognitive differences in exactly the same way as we strive to do with differences in race, religion, sex and gender and all other human variations. Neuroinclusion is about embedding difference as standard.” (Snodgrass, 2024)

Neurotypical

“A nonmedical term that describes people whose brains develop and work like most people’s brains across different types of skills. Some of the skills include subjects related to working memory, math, and written or spoken language.”(Cleveland Clinic, 2025)

Obsessive Compulsive Disorder (OCD)

“It is a mental illness that causes repeated unwanted thoughts or urges (obsessions). It also can cause you to do certain action over and over again (compulsions). You may have both.”(Fields & Langmaid, 2024)

Rejection Sensitivity Dysphoria (RSD)

RSD is not a formal medical diagnosis, however, when exaggerated reactions are observed in ADHD, doctors and psychologists use this term to give a name to their patients’ symptoms. “Dysphoria” means feelings of deep pain and discomfort. People with RSD develop serious fears of rejection. (Watson & Hollimon, 2025)

Self-identified ADHD

Refers to when an individual recognizes in themselves the persistent patterns of attention challenges, impulsivity, inattentiveness or hyperactivity that are consistent with ADHD. These individuals do not have a formal diagnosis from a medical professional but have done their own research. People who self-identify with having ADHD were eligible to participate in this study to acknowledge the barriers to diagnosis such as cost, bias, systemic inaccessibility, or marginalization.

Self-Stigma (Internalized Stigma)

“Self-stigma refers to the process by which individuals who are members of a stigmatized group internalize society’s negative beliefs and apply them to themselves.” (Corrigan and Watson, 2002)

Stigma

“A set of negative and unfair beliefs that a society or group of people have about something... a mark of shame or discredit.” (Merriam-Webster, n.d.).

Twice-Exceptionality (2e)

“Twice-exceptional students are those who demonstrate the potential for high achievement or creative productivity and who also exhibit one or more disabilities.” (Foley Nicpon et al., 2011)

Universal Design for Learning (UDL)

UDL is an education framework that aims to meet the needs of diverse learners, by avoiding a one-size- fits-all approach to learning. UDL encourages teachers to implement multiple means of engagement, representation, and expression as ways to meet the learning outcomes of the lesson and/or course.” (Government of Canada, n.d.).

1.4 Research Questions

Core Research Question

How can we more deeply understand the unique challenges faced by female educators with ADHD (both diagnosed and undiagnosed) in ways that reduce the stigma and stressors they face, particularly given their dual role as both educators and societal role models responsible for teaching and mentoring students with diverse learning needs?

Sub-questions:

Sub question 1: Childhood & upbringing

How do female educators with ADHD reflect on their childhood experiences with learning, identity, and support, and what insights do these reflections offer about early signs of neurodivergence and the social context in which it was, or perhaps was not, understood and/or recognized.

- **Explanation:** Exploring how participants' families, communities, and schools responded to the outward manifestation of the participant's ADHD, could help reveal gaps and biases around neurodivergence as we are now learning to better understand it in young girls. These reflections provide context and insight into the development of their self-perception, coping strategies, and how their experiences evolved or persisted once they entered adulthood.

Sub question 2: Diagnostic journey and understanding

How do female educators with ADHD describe their diagnostic journey or self-identification process, and what barriers or insights shaped their evolving understanding of themselves as neurodivergent women?

- **Explanation:** This question explores their unique ADHD diagnostic journeys and the barriers they may have faced in seeking support. It also looks at how and when participants began to recognize ADHD as part of their identity, as well as their level of knowledge and understanding of it. Insights from this research question could help clarify how societal stigma, internalized beliefs, and systemic gaps in mental health care can contribute to delayed recognition.

Sub question 3: Career trajectory and life as a teacher with ADHD

How has ADHD shaped the career trajectories, teaching practices, and professional identities of female educators, and how do they navigate the tension between personal neurodivergence and institutional expectations?

- **Explanation:** This question looks at how ADHD might have influenced their careers, and the evolution of their teaching styles and self-perception. The question also considers how participants manage symptoms at work. It invites reflection on the ways neurodivergence both challenges and enhances their work as educators, mothers, and/or professionals balancing multiple roles.

Sub question 4: Evolving understanding and awareness of ADHD

How do female educators with ADHD experience and respond to stigma, both internalized and external, and how might gendered expectations influence their understanding, disclosure, and navigation of neurodiversity in academic settings?

- **Explanation:** This question seeks to understand how systemic and internalized ableism, and workplace norms and expectations intersect. Since academic institutions value performance, intellectualism, and self-regulation, this

question asks if the stigma around ADHD alienates educators who are already weighed down by traditional gender and/or institutional expectations. It opens space for participants to reclaim and redefine their understanding of ADHD, positioning them not just as affected individuals, but as agents of insight and change.

Sub question 5: Transforming learning environments

What barriers do female educators with ADHD encounter in their professional environments, and how might institutional practices evolve to better support neurodivergent teachers while promoting more inclusive learning systems for all?

- **Explanation:** This question explores the discrepancies between the expectations placed on educators and the limited support they receive from institutions. Insights shared by participants could offer strategies for rethinking how inclusivity can be achieved. This positions ADHD educators not only as recipients of support and ‘accommodations’, but as creators of more human-centered, adaptive education systems and professional work environments.

“Women are typically described as “flaky or spacey and diagnosed as depressed, anxious, or even bipolar—but not [as having] ADHD. The impact of limited diagnoses, difficult to manage symptoms, and a shortage of experts who specialize in the treatment of females of any age, cannot be underestimated, no matter how small the numbers appear.”

CHAPTER 2:

Literature Review

2.1 Section A: Historical & Diagnostic Context

2.1-A: The Evolution of ADHD and Intersectionality of Gender

Attention Deficit Hyperactivity disorder (ADHD) is currently defined as a neurodevelopmental condition marked by persistent patterns of inattention, hyperactivity, and impulsivity. This condition has undergone several iterations over the past century. Initially named “Hyperkinetic Reaction of Childhood,” then “Minimal Brain Dysfunction,” the condition became “Attention Deficit Disorder (ADD)” in 1980, before evolving into “Attention Deficit Hyperactivity Disorder (ADHD)” in 1987 with the release of the DSM-III-R (Gunnerson, 2022). Despite improved clinical language, the term “ADHD” continues to reflect a deficit-based model. Some scholars argue that this terminology may not accurately reflect the lived experiences of many individuals, particularly women, whose struggles lie not in attention deficit, but in their ability to “regulate” their attention (Ginapp et al., 2023).

Historically, diagnostics frameworks and symptom checklists were focused on young, hyperactive Caucasian boys, creating a male-shaped blind spot that continues to have an impact on adult women today. As the CDC reports, boys are still diagnosed with ADHD at roughly three times the rate of girls (Griffin, 2023); however, this disparity is not necessarily reflective of prevalence, as girls tend to internalize their symptoms, often appearing shy, eager to please, “in the clouds,” or anxious, traits that are less disruptive in a classroom or home environment and, therefore, less likely to trigger evaluation or support (Kinman, 2016).

“This disparity isn’t necessarily because girls are less susceptible to the disorder... the symptoms are often more subtle and harder to identify” (Kinman, 2016). In girls, the distress caused by ADHD, if not dismissed altogether, is often misdiagnosed as depression, social anxiety and/or eating disorders. They become proficient at masking shame, cognitive fatigue and identity confusion while striving to excel socially and academically. By adulthood, the unresolved condition is driven deeper evolving in adulthood as chronic stress, physical pain, emotional upheaval and dysregulation, and burnout (Low, 2023).

2.1-B: A Critique of ADHD Labels and Current Diagnostic/Societal Frameworks

As part of the DSM-5-TR’s (Diagnostic and Statistical Manual of Mental Disorders) definition of ADHD, they say: “To be diagnosed, an individual must exhibit a specific number of symptoms from either or both categories (inattention and hyperactivity-impulsivity) that are “inconsistent with their developmental level” and negatively impact social, academic, or occupational activities” (American Psychiatric Association, 2022, DSM-5-TR).

The DSM-5-TR is widely seen as the main clinical framework for diagnosing ADHD, through standardized criteria supporting research, diagnosis, and access to accommodations (American Psychiatric Association, 2022). It has been crucial in the legitimization of ADHD as a formidable challenge for neurodiverse people struggling in many personal, societal, and institutional contexts. To legitimize ADHD is a good thing, but clinical labeling is not without its drawbacks. Critics have emerged from advocacy groups, disability studies, and the field of inclusive design who take issue with aspects of the DSM; they draw attention to language such as “inconsistent with their developmental level” (American Psychiatric Association, 2022) which they see as perpetuating and reflecting culturally specific expectations around attention, productivity, and acceptable behaviour that have risen from our built systems leaving little space for individuality and the diversity of expression that seldom accounts for variations in cognitive style (Armstrong, 2010, and Makereth, 2025).

Deficit-based qualities and traits reinforced by diagnostic language are beginning to be seen as overly rigid and limiting. Symptoms traditionally seen as negative and requiring accommodation or mitigation in a classroom

setting can carry long-term consequences. Hyper-focus, for example, could be reframed as a positive trait in certain school and work settings; hyper-activity could be seen as high-energy, etc.

These critiques suggest the need to reassess how diagnostic language may reinforce deficit-based qualities and traits, particularly in educational and workplace settings that are traditionally unaccommodating or overly rigid, where such labels can carry long-term consequences. “Instead of focusing on what’s wrong with people, we need to concentrate on what’s right with them” (Armstrong, 2010).

One advocate paving the way for neuroinclusion is author, therapist and neurodiversity specialist Lindsey Mackereth. In one of her Substack articles, Mackereth lists the key existential challenges where motivation collapses due to environments that feel “hollow, rigid, or misaligned,” leading to “quiet disengagement mistaken for laziness” (Mackereth, 2025). She notes the exhausting toll of masking which results in emotional burnout and “identity confusion.” Mackereth highlights the burnout spiral, characterized by “intense bursts fueled by passion, perfectionism, or pressure, until their systems crash”.

“Neurodivergent folks aren’t outliers asking for special treatment. We’re often simply asking for more thoughtful, human-centered systems– ones that end up serving everyone better” (Mackereth, 2025). She critiques the stigma embedded in the accommodation model and advocates for a shift toward neuroinclusive design which integrates flexible work, clear communication, and trust in diverse and dynamic work styles.

2.1-C: The Rise of Adult Female Diagnosis

In recent years, social media have created a meeting place for mental health discourse and community building in unprecedented ways. Online spaces such as @ADHDoers, @Lindseymackareth_official and @i.have.adhd. podcast have attracted women with ADHD, many of them seeking information, not necessarily for themselves, but for their children struggling in school. Many report recognizing themselves in these online sources which have played an important role in deconstructing outdated stereotypes and creating new, more women-centred pathways and perspectives.

This social awakening is not trivial. Between 2003 and 2011, the National Survey of Children’s Health reported a 42% increase in ADHD diagnoses among children. While diagnostic rates for boys remained higher, adult diagnoses, especially among women, have continued to rise since then (Trends in Prevalence, 2023). Much of this uptick reflects an overdue correction. Women who were made it through childhood despite being overlooked are now struggling as adults in their relationships, home environments and/or work environments and are seeking answers for a lifetime of internalized struggle navigating executive function demands, emotional regulation, and societal expectations of productivity, order, and caregiving (Trends in Prevalence, 2023).

2.1-D: Gendered Gaps in ADHD Diagnosis and Assessment and Barriers

The National Institute of Mental Health (NIMH) describes ADHD as one of the most common childhood disorders and one that doesn’t just disappear through adolescence and into adulthood. A historical look at diagnostic rates among boys and girls helps explain the lag in female diagnoses and the recent rise in adult women seeking answers for long-misunderstood symptoms. Childhood diagnosis of ADHD increased by 42% between 2003 and 2011 (National Survey of Children’s Health (NSCH)) with boys far outnumbering girls (Trends in Prevalence, 2023). The NSCH also estimated lifetime prevalence of ADHD in American adults between 18 and 44 years as 8.1% with the male rate at 5.4% and women’s at 3.3% (Trends in Prevalence, 2023).

Traditional clinical research frequently overlooks ADHD in women because their symptoms are different from the disruptive behaviours that often prevent a classroom from functioning smoothly. Hyperactivity is a hallmark of the disorder most common in boys while a large percentage of girls present in subtle and private ways (Quinn and Madhoo, 2014). Years later, ADHD has come to be understood as many things and “women [now describe] a range of diagnostic assessment procedures, as well as considerable self-advocacy to convince their providers to consider the diagnosis of ADHD” (Quinn and Madhoo, 2014).

Women face the need to advocate to their physicians for their own diagnosis and are often met with medical misunderstanding, even dismissal. Quinn and Madhoo, (2014) suggest that in cases of women with ADHD, practitioners are defaulting to diagnoses of anxiety or depression, leaving the manifestations of ADHD largely unaddressed. Morgan (2023) highlights how large-scale population registry studies reveal that women with ADHD are often overlooked despite prolonged engagement with mental health services, effectively rendering them “hidden in plain sight.” Many participants reported not recognizing their own symptoms, with diagnostic complexity and masking further complicating identification (Morgan, 2023). Additionally, Agnew-Blais (2024) reports that women experience, on average, a four-year delay in diagnosis despite repeated contact with the mental health system. As recently as 2025, *Frontiers in Global Women’s Health* published a study that asserts current diagnostic criteria continue to be biased toward more male presentations of symptomology resulting in delayed diagnoses for women reinforcing feelings of invisibility and inadequacy (Platania et al., *Frontiers*, 2025).

This is not to say that progress has not been made adding dimension to traditional stereotypes of ADHD symptomology; it can be stated, however, that the scope of specific research of ADHD in women remains lacking. Some current findings do indicate that men and women are exhibiting similar symptomology and are responding to similar treatment protocols, but it is necessary to delve into the unique lived experiences and root causes of ADHD in women. Women are encumbered by millennia of patriarchal expectations and pressures experienced in drastically different ways than their male counterparts. It would make sense that ADHD, or any type of neurodivergence, would intersect with ancient societal, cultural, and gendered expectations and biases (Chronis, 2021), as well as biological and hormonal factors (Mannion, 2025) which typically have a lesser impact on males (ADDA’s Position on Equity and Inclusion, 2022).

In clinical practice, tools such as the Vanderbilt ADHD Diagnostic Rating Scale (Psychology Tools, n.d.) are often used in the assessment of children; however, a comprehensive evaluation for both children and adults typically involves multiple steps. While the core diagnostic criteria outlined in the DSM are applied regardless of gender, clinicians may gather information and input from multiple sources and settings (parents, teachers, clinicians) and use different interviewing approaches, such as clinical interviews, self-report symptom rating scales, behavioural observation, cognitive testing, and functional assessment that are adapted appropriately depending on the male or female child or adult (AAP, 2019). Also used are the following: Conners’ Continuous Performance Test (CPT), neuropsychological testing, executive functioning assessments, medical examinations, school and health records. Complicating factors can skew diagnostics and treatment. These can include comorbidities such as anxiety and mood disorders, and substance abuse disorders (Katzman et al, 2017).

A 2023 qualitative study involving nine focus groups with 84% of participants being women aged 18 to 35 sought to explore adult perspectives on the current diagnostic process and how their symptom presentation evolved over time. Participants reported major symptoms they regularly experienced that can prove elusive in the findings of typical ADHD diagnostic testing. These include emotional and attentional dysregulation, rejection-sensitive dysphoria, and hyperfocus. These symptoms overwhelmingly shaped their lived-experiences yet were difficult to uncover in formal assessments (Ginapp et al., 2023). These findings reflect a need to develop better tools for the diagnosis and treatment of ADHD to allow for a better understanding of how ADHD manifests in adult women.

2.1-E: The Cost of Misrecognition

The Berkeley Girls ADHD study (BGALS, 2024) recently followed up on their 30-year comprehensive longitudinal research project which started at a summer camp in the 1990's where 140 girls with inattentive and combination type ADHD were matched up with 88 neurotypical girls (Jacobson, 2024). Final findings as well as interim check-ins over the years found significant challenges among the girls with ADHD in executive functioning, academic success, social relationships, and overall mental health (Jacobson, 2024). By early adulthood, higher rates of comorbidity (mood, anxiety, and substance disorders), self-harm and suicidal events were observed compared to their neuro-typical peers (Jacobson, 2024, Hinshaw et al., 2021). In girls with a history of abuse and maltreatment, these outcomes were compounded, suggesting the negative effects of ADHD combined with trauma. The study highlights how ADHD in girls continues to be under-recognized and under-treated; findings support the importance of earlier gender-based diagnosis and treatment.

“Women may feel that their lives are out of control or in chaos, and daily tasks seem impossibly huge.” (Low, 2023). Failure to recognize ADHD in girls does more than delay treatment. Much concurrent development happens in girls struggling with undetected ADHD. The future of their mental health trajectories and career pathways are rooted in their self-concept from an early age. As girls grow and the complex roles of their future selves emerge, the compounding effects of undiagnosed neurodivergence, especially in multi-dimensional roles like teaching, can lead to deep feelings of inadequacy if they struggle to conform to expectations.

Comorbid conditions are common. One Swedish study by Asztély et al. (2019) even found a correlation between untreated ADHD in women and the presence of chronic widespread pain, suggesting that neurodivergent dysregulation may manifest somatically when unrecognized. In contrast, stimulant treatment was associated with reduced pain– hinting at broader implications for healthcare, beyond the purely cognitive or behavioral. Moreover, many of these women have spent decades conforming to systems never designed for them. As therapist and neurodivergence advocate Lindsey Mackereth argues, treating neurodivergent needs as individual exceptions requiring “accommodations” only reinforces stigma. Instead, she calls for universal design approaches that dismantle the ableist assumption of a single “normal” brain in the first place (Mackereth, n.d.).

2.2 Intersecting Realities and Comorbid Challenges

2.2-A: Compounding Factors in Adult Women with ADHD

As stated, women who may have been better served with an ADHD diagnosis often enter adulthood labelled as anxious, depressive, eating disordered, even bipolar. Labels, we know, reflect symptomology but they are not root causes. As expectations around mothering, caregiving, emotional regulation, and being ‘everything to everyone’ expand, this diagnostic confusion can lead to more pronounced, deeply internalized feelings of inadequacy, even emotional trauma. As Low (2023) observes, many women with ADHD “feel that their lives are out of control or in chaos, and daily tasks seem impossibly huge” (Low, 2023). Neurotypical roles can be challenging to neurotypical women; the impact on women lacking sufficient scaffolding can be debilitating and can result in internalized stigma, self-doubt and early burnout.

ADHD symptoms in adulthood often reflect executive dysfunction impairing management of invasive thoughts, actions, and emotions (C.C. Medical, 2023). The following may be experienced: chronic procrastination, emotional dysregulation, time blindness, hyperfocus, task initiation and sequencing. Practical manifestations less recognizable as ADHD and more as failure of personality are inconsistent work performance, financial instability, poor housekeeping, and relationship problems, to name a few.

2.2-B: Presentation Differences Comorbidity Vs. Co-occurring neurological conditions with ADHD

ADHD has three main variations (Roth & Weiss, 2025):

1. **Hyperactive ADHD** involves but is not limited to: restlessness, fidgeting, impulsivity, blurting answers, talking out of turn, frequent interruptions, incessant talking and behavioural or internal hyperactivity that makes structured environments difficult.

2. **Inattentive ADHD:** “People with this type may be seen as lazy or apathetic, [but] this is often far from the case” (Roth & Weiss, 2025). Involves but is not limited to: forgetfulness, lack of attention, daydreaming, lack of initiative and follow-through on assigned tasks and directives, disorganization, lost homework or needed items, foggy or ‘spacey’, appearing as ignoring people or not listening to them.

3. The third version is a **combination of both hyperactive and inattentive** types. “When someone has six or more symptoms of each type, they have combined type ADHD.” (Roth & Weiss, 2025). The combination type can often result in a more complex clinical picture that fluctuates across contexts or over time.

The comorbidities and co-occurrences (as listed in the DSM-5) that can complicate these varying presentations of ADHD (to name a few, see chart below) are: depression, anxiety disorders, sensory processing challenges, learning disabilities, bipolar II disorder, obsessive-compulsive disorder, eating disorder, and autism spectrum disorder (Naric, 2023).

“As many as 80% of adults with ADHD have at least one coexisting psychiatric disorder, including mood and anxiety disorders, substance use disorders, and personality disorders” (Katzman et al., 2017). Comorbidity occurs when two or more physical or mental, interrelated or independent medical conditions occur in a person simultaneously. More than just a simultaneous diagnosis, comorbidity complicates and shapes diagnosis, treatment, and prognosis making complex outcomes more serious (Valderas et al. 2009).

Adults with ADHD who present strongly with emotional dysregulation experience comorbidities more often and more pronounced (74%) than more inattentive type ADHD cases (32%) (Katzman et al., 2017). Co-occurring conditions, by contrast, are more like traits, life experiences, or profiles that occur with ADHD (see chart below illustrating this) (Kaplan, et al., 2006)

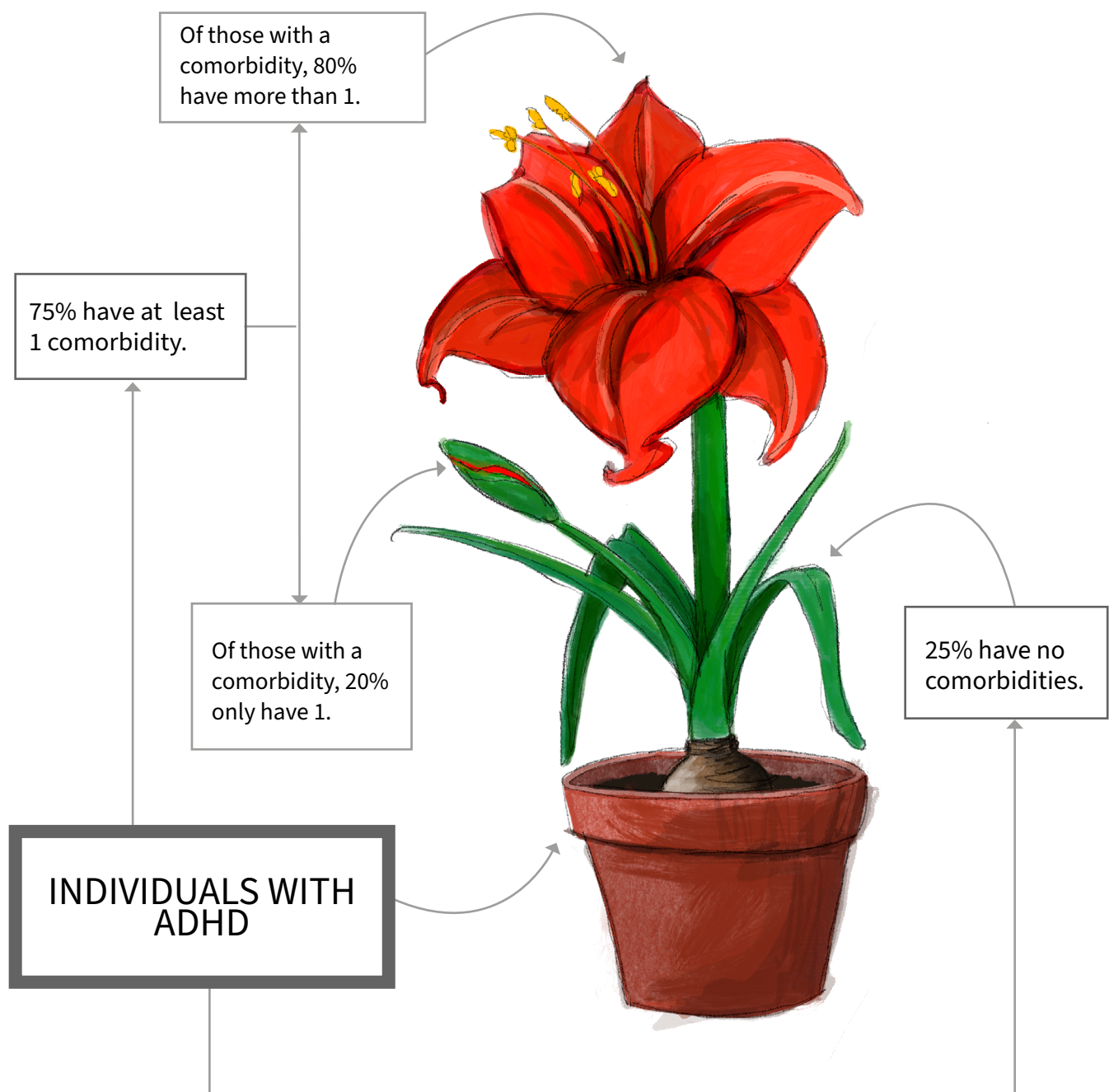


Figure 1- Amaryllis Comorbidity Diagram (Cutler, 2019) (Illustrated by the researcher)

Figure 1 is a botanical illustration adapted from *Advanced Psychiatry* (Cutler, 2019) showing the comorbidity distribution among participants with ADHD.

The base of the plant represents individuals with ADHD. Of the sample (Amaryllis plant), 75% had at least one psychiatric comorbidity. Among those with a comorbidity, 80% experienced multiple comorbidities (petals), while 20% had only one (bud). 25% of individuals with ADHD have no comorbidities (leaves).

ADHD comorbidities and co-occurring conditions:

The table below provides examples of how ADHD, along with common comorbidities and co-occurring conditions, may influence the expression and severity of symptoms. Whether a condition is labelled as a comorbidity or a co-occurrence depends on context; clinically, they’re often described as comorbidities, but in education or advocacy settings, “co-occurrence” highlights coexistence without implying hierarchy (Naric, 2023).

Domain	Some Examples
ADHD and Comorbidities (Used when two or more DSM-5-recognized disorders are diagnosed in the same individual and may influence treatment or prognosis. (Naric, 2023))	<ul style="list-style-type: none">- Mood disorders: Anxiety, Depression, Bipolar II Disorder, Obsession Compulsive Disorder (OCD), - Eating disorders.- Substance abuse- Learning disability (also co-occurring)- Autism Spectrum Disorder (ASD) (also co-occurring)- hormonal mood disorders (Also co-occurring)
ADHD and Co-occurrences (Used when traits, diagnoses, or identities exist together but not necessarily within a diagnostic hierarchy (Naric, 2023))	<ul style="list-style-type: none">- 2e giftedness (giftedness + disability like ADHD),- Rejection Sensitivity Disorder (RSD),- Highly Sensitive Person (HSP),- Hormonal Mood Disorders (Premenstrual dysphoric disorder [PMDD], menopause, postpartum)- Learning disabilities (dyslexia, dyscalculia, dysgraphia, auditory processing disorder, non-verbal learning disability)- Autism (ASD)

Table 1- Comorbidities

2.2-C: Masking and The Complexity of Treatment for Women

ADHD treatment might look different for women than for men and children. ADHD medications (both stimulant and non-stimulant), can be effective, but may not take into account gender-specific features that may affect efficacy. For instance, hormonal fluctuations occurring during menstruation, pregnancy and menopause profoundly affect women both physically and emotionally; estrogen, for example, can interfere with the neurotransmitter systems that regulate mood and attention (Mannion, 2025). Organizations such as CHADD, (2022) recommend attention to hormonal cycles when prescribing medication to women. Pharmaceutical protocols should work in tandem with additional support during hormonal phases. Holistic care needs to accompany all recommendations to mitigate the complexities of comorbidities such as anxiety, trauma, depression and others (Katzman et al., 2017).

Best practices according to the research are diverse combinations of multimodal intervention including everything from coaching and workplace/educational accommodations to cognitive behavioural therapy (CBT), dialectical behavioural therapy (DBT), mindfulness and somatic healing practices. The ADHD toolbox is expanding to include behavioural strategies such as nutritional planning and physical exercise which have been shown to enhance pharmaceutical efficacy (The Pros and Cons, 2023). Unfortunately, women with ADHD can face systemic delays, sometimes of their own making, particularly if they resist self-identification and self-care techniques due to symptom-masking related to perfectionism, people-pleasing, and internalized ableism.

2.2-D: Hidden Costs and Biological Health Impacts

ADHD carries significant hidden costs that affect nearly every domain of life, including productivity. Impulsivity and disorganization can have financial consequences in the form of missed bills, poor credit, and difficulty with long-term planning (Green, 2024). Rejection sensitivity and burnout are emotional concerns that can contribute to high rates of relationship instability, isolation and estrangement. Further, untreated ADHD has been linked to chronic stress, poor self-care, and risky health behaviours such as unprotected sex or neglecting medical follow-ups (Young et al., 2020).

Based on Russell Barkley's research, there are reports that appropriate ADHD treatment may add an average of 9 to 13 years of individual life expectancy (CHADD, 2019). Untreated, the effects can be devastating and reflect the effects of delayed intervention. Chronic stress, self-harm, self-sabotage compound on themselves over time and the dangers of impulsivity can contribute to accidental injury, even premature death. Self-esteem is considerably lower among people with ADHD; symptoms of hyper-activity and inattention have heavy effects on confidence, economic security and overall autonomy over a lifetime (Peterson et al. 2024).

A Swedish study by Asztély et al. (2019) further illuminates the short and long-term health consequences of underdiagnosed ADHD in women. Among a study of neurodiverse women, 77% reported chronic pain and 32.5% experienced chronic widespread pain, potentially linked to psychosocial stress, emotional dysregulation, and comorbid conditions like anxiety and depression. Neurodivergent women require careful consideration with respect to biological, workload, lifestyle and healthcare access factors.

2.3 Education, Professional Work Environments & ADHD

2.3-A: How ADHD can impact teaching

Teachers with ADHD have firsthand experience with the effects the traditional classroom can have on ADHD learners. As such they are potentially able to create and sustain more inclusive classrooms through empathy and lived experience, while universal strategies like microlessons and flexible environments benefit all learners (Teacher Certification Degrees, n.d.). Adult-diagnosed teachers with ADHD often rely on adaptive systems to navigate the structured yet demanding classroom environment. In her qualitative exploration, Tibbits (2024) highlights these insights: one participant noted the necessity of working on marking at home because "there is too much noise and I have to really, really read something three or four times..." while another shared how they "keep visible trails of conversations...ask them to email it...to ensure I see it again" to mitigate forgetfulness. A third teacher explained, "I can remember the topics, but not always which topic belongs to which year group," illustrating challenges with task switching and memory recall (Tibbits, 2024); however, systemic barriers persist, as teachers report being "distracted or forgetting due to competing demands" and feeling "stressed, frustrated, or burned out," (Lawson et al. 2022) which interferes with consistent implementation of behavioral interventions (Lawson et al. 2022).

2.3-B: Pressures in Ontario and Institutional Challenges

Elementary and High School Systems:

If the current crisis in Ontario's education system reflects conditions that are affecting all teachers, it is easy to imagine the extent to which neurodivergent educators must be impacted. Teacher burnout in general has reached

staggering levels, with workloads (not including the high-pressure expectations of co-curriculars) far exceeding paid hours. Teachers' inability to keep up is increasingly leading to "sick days...being used more now than in the last decade, with time taken off by elementary teachers climbing by 60%" (Santos, 2024). In the 2022–23 school year, Toronto District School Board (TDSB) teachers accessed an average of nearly 20 sick days, surpassing the provincial average of approximately 16 days. When polled, only 35% of principals reported having adequate resources to support staff mental health (Talbot, 2024; People for Education, 2021). Amad, 2025 highlights Ontario's worsening teacher shortage, noting increased reliance on non-certified staff and the burnout resulting in significant exodus of teachers from the profession. These drastic changes are coherent with findings found in ADHD research: neurodivergent educators are more susceptible to workplace stressors, escalating classroom management issues, and emotional exhaustion in unsupportive environments. Agyapong et al. (2024) did a study that found that over 75% of Canadian K–12 teachers experience significant burnout, with emotional exhaustion strongly linked to stress and low resilience—factors that could likely exacerbate challenges for neurodivergent educators.

College School System:

In its February 2025 bulletin, OPSEU/SEFPO, (Ontario Public Service Employees Union) a major labour union that represents more than 180,000 public sector workers across Ontario, Canada, outlines the financial and structural erosion of Ontario's public college system, emphasizing how "provincial funding has dropped from 75% of college revenues to less than 30%," leaving Ontario's colleges as "the lowest-funded in Canada on a per-student basis" (OPSEU/SEFPO, 2025). Colleges over time have enjoyed the spoils of the inflated tuition international students pay to attend college in Ontario. This practice masked budgetary challenges by "stockpiling surpluses while classrooms, student support, and workloads suffered" (OPSEU/SEFPO, 2025). The result has become an unstable employment situation for instructors, particularly sessional, part-time, any and all equity-deserving educators, many of whom report "increased workloads, fewer resources, and constant job insecurity" (OPSEU/SEFPO, 2025). This unpredictability is very detrimental to instructors with ADHD as it creates the chronic overextension that exacerbates all the negative symptoms of ADHD. Executive and emotional dysregulation lead to burnout and the vicious cycles of masking, overcompensation, and hypervigilance often result in early burnout.

2.3-C: IEPs and Accommodations in Education:

IEPs and Accommodations in an Elementary and High School Context:

An individual education plan (IEP) is an individualized and custom plan that describes special education programs, accommodations and services that a school board will provide to help a student succeed in [both elementary and high school]"(Ontario Ministry of Education, n.d.2025). Teachers are involved in ongoing assessment and documentation of student progress. The burden remains on faculty to "use a variety of instructional strategies to respond to the diverse strengths and needs of all students, including students with special education needs, English language learners, and First Nation, Métis, and Inuit students" (Ontario Ministry of Education, n.d.). Not only that, but the IEP "must be reviewed and updated at least once in every reporting period", requiring additional planning, flexibility, and cognitive and emotional mental load. For ADHD educators especially, this creates a mismatch between expectations and capacity, reinforcing burnout and stigma as they work hard to manage large classrooms of "12-33 students" (Ontario Ministry of Education, 2020). By framing inclusion as the responsibility of the individual teacher, rather than a systemic responsibility, these guidelines negate the emotional and cognitive toll on teachers and invite widespread burnout. "Effective instruction begins when teachers know their students—their strengths and needs, their interests, and their backgrounds"(Ontario Ministry of Education, n.d. 2025).

IEPS and Accommodations in a College-level Context:

While all Ontario post-secondary institutions provide accessibility services under the AODA (Accessibility For Ontarians with Disability), extended time on exams and projects is widely recognized as the most common accommodation for students with ADHD, despite questions about its effectiveness (Harrison et al., 2022; LDAO, 2022). Extended time accommodations usually involve 1.5 X more time than the original deadline. However, this type of support lacks empirical evidence for students with ADHD and/or mental health conditions, as these affect attention rather than processing speed (Harrison et al., 2022). Additionally, students with ADHD often underestimate the time required and delay starting tasks, so simply extending deadlines may not improve performance unless paired with supports targeting organization and planning” (Barkley, 2011). Overuse of this accommodation can worsen symptoms like cognitive fatigue and attention drift (Harrison et al., 2022). This shows a lack of understanding on the part of a system which professes to be assisting students with ADHD. Instructors with ADHD are left to implement and enforce accommodations they know to be detrimental or, at the very least, stress inducing for their neuro divergent students. Also relevant is the fact that college instructors, unlike their public school counterparts, are parachuted into classrooms with only workforce experience. They receive hardly any professional development, teacher training, and IEP implementation support high school teachers receive and have access to.

Meanwhile, CBC (2025) reports nearly 10,000 layoffs in Canadian colleges, including cuts to accessibility services. “In 2019, Humber Polytechnic had 23 full-time counselling faculty. Today, that number is 15, and with these layoffs it will soon go down to 7” (OPSEU, 2025). These cuts raise serious concerns about colleges’ ability to meet growing accommodation needs and goals for equity. They also show a large transference of the workload to already vulnerable teachers

Barriers to accessing accommodations:

Research by Dong and Zhang (2019) highlights the barriers (financial, procedural, attitudinal) faced by college students with disabilities, including ADHD, that prevent them from gaining access to accommodations. Post secondary institutions reserve the right to administer their own testing (despite previously administered testing that may have occurred at the HS level which involve onerous wait times, medical delays, and expense (VMA Psych, n.d. 2025). This can delay access to much needed support by months, even years. Students end up turning to private assessments, (\$400-5000 CAD depending on scope and provider). Financial aid exists in the form of Ontario Student Assistance Program (OSAP) and the Bursary for Students with Disabilities but these supports fall short of actual costs and are not guaranteed (Ontario Human Rights Commission, n.d.2025). Additionally, Ontario post-secondary institutions generally require that psychoeducational documentation be no more than three to five years old: “If your last psychoeducational assessment was completed more than five years ago or without adult norms, it may be considered out-dated and you might need to undergo reassessment to demonstrate eligibility for accommodations” (Seneca Polytechnic, 2025). Stigma and “lack of awareness” among faculty often also result in students feeling “doubted or dismissed,” reducing their likelihood to seek support (Toutain, C. 2019). Educational institutions require a level playing field for all students. All these barriers create additional unnecessary stress for students with ADHD.

For adult women learning about their ADHD later in life, the barriers may be formidable due to misconceptions about the disorder, internalized blame and self-doubt, stigma, and the burden of unexplained struggles and undiagnosed pathologies compounded over years of shame-induced stress. ADHD misconceptions imposed upon women in particular take a heavy toll (Quinn and Madhoo, 2014). The executive functioning challenges at the heart of ADHD symptomology form the barriers to self advocacy and the initiation of clinical assessment (Schatz et al., 2021). The stressors accumulate in the form of delays, expenses, emotionally draining procedures, and the heavy stigma that looms over adult ADHD in ways that make it easy to succumb to the forces that prevent

access to support.

2.3-D: Ableism in Education

Parekh (2022) examines how ableism is entrenched in educational systems in her book, *Ableism in Education: Rethinking School Practices and Policies*, arguing that “how we organize children by ability in schools is often rooted in ableism” (Parekh, 2022). She highlights that ableism “is inextricably linked to other forms of bias” (Parekh, 2022), a connection especially relevant when considering intersecting challenges faced by neurodivergent educators, including those with ADHD. The book emphasizes systemic barriers, noting that “neurodivergent people have to fight for access to the adjustments or considerations that would make it easier for them to engage and manage at work” (Parekh, 2022), compounded by misconceptions that “people having one of these conditions... are less intelligent and less able” despite evidence showing “no association between intelligence and neurodiversity” (Parekh, 2022).

“Internalized ableism is a process through which disabled people absorb and reproduce the negative and oppressive social attitudes about disability that dominate society” (Campbell, 2008). Ableist beliefs occur in people with ADHD when they succumb to attitudes related to their own internalized rejection of their disorder. They may think that their ability to overcome the challenges associated with their ADHD should apply to others i.e. “I overcame my adversity, why wouldn’t you be able to?” “Internalized ableism manifests as self-policing of behavior, concealment of disability, and a desire to emulate able-bodied norms to gain social acceptance” (Campbell, 2008). Stigma thrives within this mindset and can create unachievable expectations for students with ADHD. “Addressing internalized ableism requires disabled people to become critically aware of the social forces that shape their self-perceptions and to resist these oppressive narratives by embracing a positive disabled identity” (Campbell, 2008). The onus should be on teacher training programs to focus on these issues in an effort to reduce stigma and maximize self-awareness and the understanding of ADHD. Reflection and empathy are required to effectively address stigma if we are to liberate all stakeholders. “Personal empowerment emerges from collective resistance and solidarity among disabled people, enabling individuals to challenge the internalized stigma and redefine disability on their own terms” (Campbell, 2008).

Despite increasing research supporting inclusive education, educators’ perceptions of ADHD, both, in themselves and others, reflect deeper systemic challenges. Extensive professional development is required to help dispel outdated attitudes about ADHD. Schatz et al., 2021 found that while elementary teachers supported ADHD interventions such as medication and behaviour management strategies, there has been a slight decline in teacher “buy-in” which may suggest changes in empathy levels of teachers towards their neuro-diverse students. Despite some lingering difficulties, ADHD training has been shown to increase likelihood that teachers will adapt classroom strategies for the benefit of ADHD students (Perry, 2024). Without education, even neurodivergent teachers themselves may unintentionally reinforce the very systems that once excluded them (Campbell, 2008). Educators with ADHD become confusing role models when they portray themselves as having overcome the barriers to achievement that ADHD can represent. Microinvalidation (Sue, 2010) can result when one’s own success becomes a counterargument to this or any perceived issue.

2.3-E: Emotional Labour, Burnout and Sensory Overwhelm

Agyapong et al. (2024) highlight that “burnout is a longstanding issue among educators, with reported prevalence of moderate to severe burnout ranging from 25.12% to 74%” (Agyapong et al., 2024), reinforcing a widespread crisis in teacher well-being. This level of chronic occupational strain, particularly emotional exhaustion and depersonalization, resonates deeply with experiences of neurodivergent educators, such as women with ADHD, who often expend additional emotional and cognitive effort to mask symptoms and maintain performance (Brody, 2023). The study found emotional exhaustion affected almost 77% of teachers, while depersonalization

and diminished professional fulfillment affected 23% and 31% (Agyapong et al., 2024). For educators with ADHD, who may already struggle with executive functioning and sustaining attention under challenging conditions, these burnout rates can exacerbate stress responses and intensify masking behaviours (Brody, 2023).

Systemic stressors must be identified and addressed in order to promote resilience and sustainable coping skills in teachers who will otherwise remain at high risk for burnout and erosion of identity. School-wide reforms are needed above and beyond individual strategies, however crucial, to reduce the stress of neuro-divergent educators and their diverse cognitive profiles.

Adults with ADHD often fluctuate between the extremes of hyper-productivity and work avoidance, a dynamic rooted in executive dysfunction and other ADHD symptoms (Makereth, 2025). Research has found that “executive function deficits, particularly in time management and organization, mediate the relationship between ADHD symptoms and burnout” (Turjeman-Levi et al., 2024). The cognitive difficulties that come with ADHD fuel exhaustion and burnout in the ADHD teacher. This aligns with the clinical observations of Lindsey Makereth, a neurodiversity specialist and therapist, who writes that “work and work avoidance are not just about jobs or productivity. They are often survival strategies– ways to shield oneself from overwhelming emotions, social challenges, sensory overload, or difficult questions about identity and purpose” (Makereth, 2025). She further explains that “highly masked gifted and late-diagnosed autistic and ADHD adults often move between workaholism and avoidance, both serving as protective strategies against internal and external pressures” (Makereth, 2025). Together, these perspectives reveal that burnout in ADHD is not simply about workload, but also about masking, survival strategies, and unacknowledged emotional labour.

2.3-F: Universal Design for Learning: The Benefits and Potential Risks for Teachers

“Universal Design for Learning (UDL) is an education framework that avoids a one-size-fits-all approach to learning. It promotes multiple means of engagement, representation, and expression to better meet the diverse needs of learners” (Government of Canada, n.d.).

The three main Principles of UDL include (Government of Canada, n.d.):

Multiple means of representation: Learners should have more than one way of accessing information and learning materials. Multi-modal options for course delivery should include a variety of formats, including visual (imagery) audio (recordings) and/or text.

Multiple means of action and expression: Learners should be able to meet the same learning outcomes as their peers by demonstrating their knowledge in a variety of ways. Depending on their strengths and ways in which they learn best, students could meet the learning outcomes through methods of writing, or other creative forms of communication.

Multiple means of engagement: Learners should be able to have choice in how they interact with learning materials as well as be encouraged to engage in self-reflection and other ways that might intrinsically motivate them to learn.

UDL encourages teachers to adopt a proactive and flexible teaching style that supports diverse learners from the outset. This progressive learning philosophy allows students to engage with materials in their own way by creating multiple ways to engage with materials. Rather than making academic accommodations, UDL encourages educators to embrace a more inclusive approach by anticipating learning diversities in their overall classroom planning and designing more inclusive courses that benefit all students (CAST, n.d). In theory, this would help lighten the teacher’s workload by reducing the amount of individualized academic accommodations while

simultaneously encouraging intrinsic motivation in their students (Government of Canada, n.d.).

However, when UDL is introduced into traditional, standardized educational systems, often without structural or cultural shifts, its implementation can place an undue burden on educators and may even contribute to teacher burnout if not implemented with proper consideration and training.

A study (Melhem & Al-Rashid, 2023) explored teachers' experiences of implementing Universal Design for Learning (UDL) principles when teaching students with learning difficulties. The results found that while teachers generally acknowledged and appreciated the benefits of UDL, they faced challenges such as limited resources and were up against institutional barriers that prevented full adoption of these principles in a sustainable way. The study's recommendations included a need for ongoing professional development and systemic support to enhance UDL integration in classrooms. "Although teachers reported high awareness of UDL principles, many noted that institutional constraints and insufficient resources often limit their ability to implement these strategies effectively" (Melhem & Al-Rashid, 2023).

With this growing trend of implementing Universal Design for Learning (UDL) principles in lesson plans, teachers are still expected to implement these changes within existing curricular frameworks, often without adequate time, training, or institutional support. Craig, Smith, and Frey (2019) found that professional development programs that specifically focus on UDL can significantly improve teachers' confidence and ability to apply these strategies. However, the study also highlighted that ongoing support and collaborative learning opportunities are essential, as teachers frequently struggle to sustain UDL implementation without embedded, structured professional development: "teachers who attended the Summer Institute increased their implementation of UDL in the classroom more than those who did not attend the Institute" (Craig, Smith, & Frey, 2019).

Overall, while UDL holds transformative potential, especially when applied proactively and collaboratively, research suggests that its retrofitting into existing educational systems without adequate training, planning time, and institutional backing has the potential to add more pressure and confusion for teachers.

2.4 Neuroinclusion in the Workplace

Snodgrass (2024) explores how organizations often fail to implement meaningful neuroinclusion, even when policies exist on paper. She notes that "neurodivergent people have to fight for access to the adjustments or considerations that would make it easier for them to engage and manage at work," frequently encountering resistance such as the familiar excuse: "If I make this allowance for you, I'll have to make it for everyone" (Snodgrass, 2024). Drawing on research from the Institute of Leadership (2020), they report that 50% of 1,156 UK employers admitted they would not hire a neurodivergent person, with ADHD and Tourette's facing the highest levels of bias. This discrimination is rooted in harmful assumptions. "Most employers are reticent to hire neurodiverse people as they only calculate the risks based on the deficits of the condition" (Institute of Leadership & Management, 2020), and a medical model that frames neurodivergence as an impairment. Snodgrass critiques this view, emphasizing that "there is no association between intelligence and neurodiversity," and that neurodivergent people are often "motivated to fit in," opting to stay silent rather than cope with the cost of being different. For educators with ADHD or other neurodivergent traits, such environments can deepen trauma and erode well-being, especially when compounded by histories of "bullying, discrimination, and feeling misunderstood, unheard, and unseen" (Snodgrass, 2024). Importantly, Snodgrass concludes that "many of the tweaks to make an environment more inclusive can benefit all people".

A practical guide on neurodiversity emphasizes that "all brains, neurodivergent & neurotypical, [must work] together & support each other," highlighting that "having a supportive environment can be the difference between

employee success and failure” (Rivera Hulme, 2022). The guide shares that many accommodations designed for neurodivergent employees, such as flexible scheduling and sensory-friendly spaces, not only reduce burnout and masking but also benefit all team members by fostering environments “where all human minds can thrive” (Rivera Hulme, 2022).

Figure 2 is a botanical-style illustrative Venn diagram adapted from the work of Dr. Nancy Doyle and Mary Colley (Snodgrass, 2024). Each petal represents a different form of neurodivergence, while the overlapping areas represent examples of the strengths that can be derived from these comorbidities, especially in workplace contexts.

2.5 Narrative Inquiry

Referencing Deweyan philosophy, “People are individuals and need to be understood as such, but they cannot be understood only as individuals. They are always in relation, always in a social context” (Clandinin & Connelly, 2000).

Narrative inquiry allows for deep, contextual qualitative research. It invites thoughtful and authentic reflection on experience, meaning-making, and identity through storytelling (Deakin, 2025). It allows researchers to engage

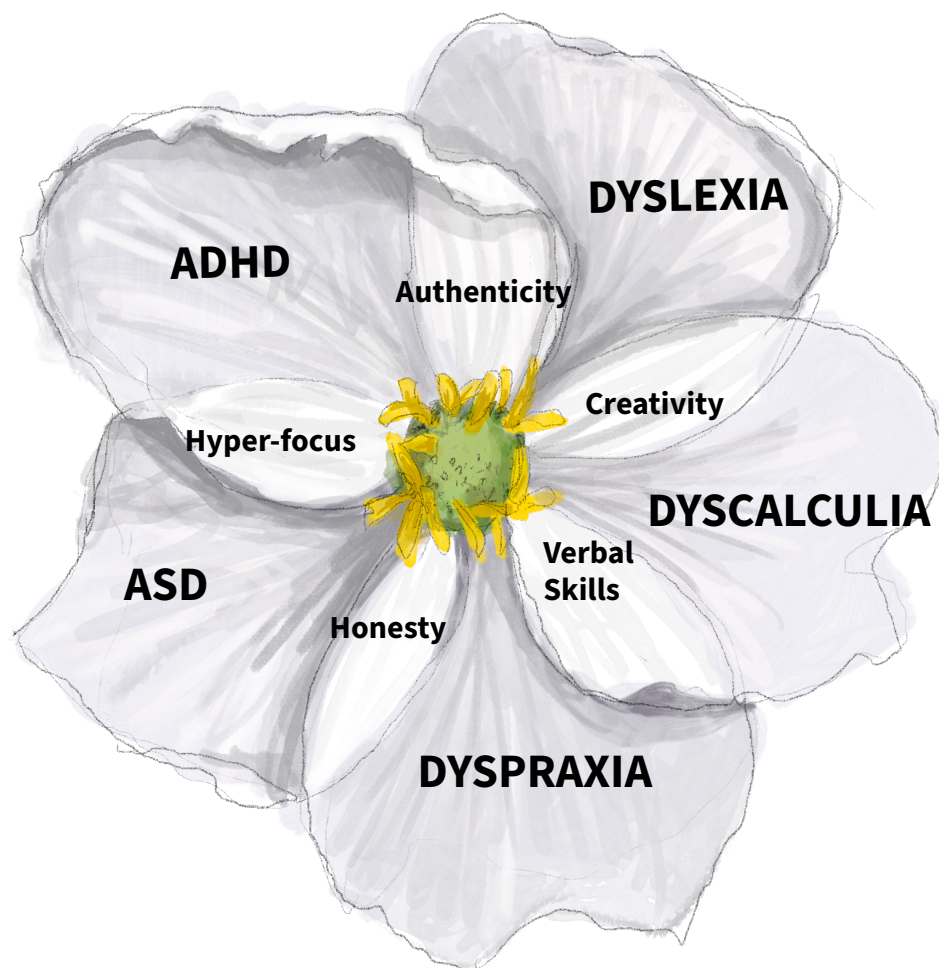


Figure 2- Neurominorities Botanical Venn Diagram (Snodgrass, 2024) (illustration by the researcher)

stories not simply as “data to be analyzed and categorized,” (Bochner, 2001) but as meaning-making processes “to be respected and engaged” (Bochner, 2001). Narrative analysis “differs from interpretive phenomenological analysis, which focuses on the lived experience of individuals, and discourse analysis, which examines language use and power dynamics, by specifically exploring how people construct and share stories to make meaning of their experiences in social contexts” (McLeod, 2024). These stories capture the emotional, temporal, and relational aspects of lived experience, where “story, in its current idiom, is a portal through which a person enters the world and by which their experience of the world is interpreted and made personally meaningful” (Connelly and Clandinin, 2000).

A recent 2021 practice-led study by Dion Tuckwell, “Joining Practice Research”, explored how researchers and participants can collaboratively engage in meaning-making through a speculative and embodied methodology. Tuckwell (2021) argues that “joining” design practice with collaborative research fosters transformative learning and reflective engagement between researchers and practitioners.

Inspired by the Tuckwell study, this research on female adult educators with ADHD does more than just stick to experiences of teachers inside the classroom. Life experiences outside the classroom were incorporated in the interviews followed by a writing process where the participants were invited to contribute to their vignette stories, beyond direct quote verification and member checking. This collaborative and adaptive narrative construction shares Tuckwell’s goals of fostering relational engagement and shared meaning-making. By involving participants in their stories, this research honours the evolving, situated nature of lived experience and supports a more human and authentic representation of educators’ experiences with ADHD. Narrative inquirers should write about people and places “as becoming rather than being” (Lieblich et al. 1998) acknowledging the evolving, relational and contextual nature of lived experience. This makes narrative inquiry especially suited for research that seeks to understand how people make sense of themselves and the world they live in, over the different phases of their lives and lived experiences.

CHAPTER 3:

Methods

This study seeks to explore the lived experiences of female educators with ADHD in Ontario, focusing on how they make meaning of their personal and professional journeys. The primary research question follows:

How can we more deeply understand the unique challenges faced by female educators with ADHD (both diagnosed and undiagnosed) in ways that reduce the stigma and stressors they face, particularly given their dual role as both educators and societal role models responsible for teaching and mentoring students with diverse learning needs?

3.1 Research Design

3.1-A Research Paradigm

This study prioritizes meaning-making through story-telling (Bruner, 1991). This research seeks to understand and humanize the internal worlds of female educators navigating their personal and professional lives as persons with ADHD, whether diagnosed or self-identified. The study embraces nuance, emotion, subjectivity, ambiguity, contradiction and imperfection as valid forms of data through a constructivist/interpretivist paradigm (Mason, 2018). While the study values subjectivity, it is also supported by current literature and research. Narrative inquiry was chosen because of its suitability for exploring evolving, contextual, and relational lived experience (Clandinin & Connelly, 2000). To deepen analysis, thematic analysis and grounded theory coding strategies were integrated. The findings are not objective or generalized, rather, this study provides insights for institutions, policymakers, and designers who wish to include the voices of creative and capable ADHD educators in building more equitable and inclusive learning environments.

3.2-B Methodological Framework: Narrative Inquiry & Collaborative Storytelling

Narrative inquiry is the central methodology. It is used to amplify the lived experiences in the subjects' own words. Thematic analysis was incorporated to enhance insight and deeper interpretation of the data.

To support participant agency, accuracy and co-construction of meaning, the project also integrates collaborative storytelling practices for participant agency and accuracy. After initial interviews, each transcript was converted into a six-to-nine-page narrative vignette. Vignettes include participant direct quotes and some interpretive observations by the researcher. Participants were invited to edit, clarify, remove, and/or expand sections, ensuring their stories remained accurate, dignified, and true to their voice.

Each vignette included the following, although not necessarily in this order, as each participant had a unique timeline and journey:

1. An introduction
2. A section about their childhood: including reflections on both their upbringing and student experience
3. Diagnosis or ADHD awareness journey: including intervention (if any), coping mechanisms, comorbidities, support, and systemic and personal barriers
4. Career trajectory: this section is especially relevant to the college educators who simultaneously work in their respective industries.
5. Life as a teacher with ADHD: including strengths, systemic barriers and personal difficulties
6. Life as a mother with ADHD (if applicable)
7. Ideas and dreams for the future (personal and professional)
8. Conclusion

The original research design intended the inclusion of a follow-up session in the form of a co-design focus group to refine themes and design institutional recommendations collaboratively. Scheduling conflicts and time constraints prevented this phase from occurring.

While narrative inquiry was the primary methodological framework, grounded theory (open and axial) coding techniques were used on both the transcripts and then again on the stand-alone written vignettes to help identify patterns, and organize findings through an iterative, systemic process. This hybrid approach allowed for themes to surface from participant's own language rather than being shaped by preconceived categories. Essentially, it helped to mitigate researcher bias and inform recommendations for educators, future researchers and policy makers.

With the guiding principles of narrative inquiry (Clandinin and Connelly, 2000), I sought to relate the lived experiences of five female Ontario educators with either diagnosed or self-identified ADHD; their stories are reflections on the developmental stages of childhood, early and later stage education, identity, the diagnostic process, work as educators, and their aspirations for the future. Narrative inquiry, with its reliance on time, place, and social context provides a meaningful way to transform individual experiences into the stories that connect us as members of vital communities.

Table 2 illustrates how the sub-theme of paradoxes of identity and performance– being simultaneously “too much” and “not enough” fit into the overarching main theme of Identity, Masking and Internalized Ableism. These themes were derived through open and axial coding from participants' direct quotes.

Direct Quote	Open Code	Axial Code	Sub-theme	Theme
“[I] didn’t know when to personally stop the task—like, I just kept working... that incessant need is disgusting.”	Confusion, doing too much, but it also never feels enough, struggles with professional and personal boundaries, self-critical, self-regulation, shame	Perfectionism and over-extension, emotional labour and struggles with boundaries, internalized shame and self-worth	Sub-theme 1.1: Paradoxes of identity and performance– being simultaneously “too much” and “not enough”	Theme 1: Identity, Masking and Internalized Ableism
“...Manageable to everyone else, and then inside my house is a disaster... Inside my body? Disaster... I’m also a cluster inside all the time.”	External masking, internal conflict, public projections vs internal “disaster,” self-critical, shame	Perfectionism and over-extension, internalized self-critique and shame, internal conflict		
“I got over the shame of ‘I’m not smart’... because I realized, I am... ‘talented’... But yeah, there’s still shame— knowing I’m just really disorganized.”	Internalized ableism, self-stigma, self-critical, doesn’t feel good enough despite being gifted in other subjects, shame	Identity-based shame, internalized oppression, perfectionism, self-critical		
“Some people have found me... a bit much. Especially now, I’m more afraid to ‘let it out’”	Masking, shame, rejection sensitivity, “too much”, self-monitoring, emotional containment	Managing emotional expression, masking, self-policing,		

Table 2- Derivation of Themes

3.1- C Reflexivity and Researcher Positionality

As the primary female researcher with experience in education and a personal connection to ADHD, my role is intentionally one of advocacy with the goal of providing a platform for people often overlooked in the school system. To minimize the potential for my own role as a female educator with ADHD to influence my findings, I relied on the standards set by the Research Ethics Board, engaged in transparent data interpretation, and maintained a balanced and neutral stance throughout the research process by approaching each participant's story with curiosity and an open mind. Examples of coding methods are included in the appendix. Collaborative storytelling practices, including participant involvement in the validation and editing of vignettes, were key strategies to amplify participant voices and mitigate researcher bias.

To support my reflexivity, I revisited a mind maps I had created in my Inclusive Research Methods course (INCD-6003) while reading Jennifer Mason's book, *Qualitative Researching*, which helped me visualize my personal connections to ADHD and identify areas where bias might emerge during analysis. This was supplemented with reflective journaling during the research process. Below are two examples of these mind maps.

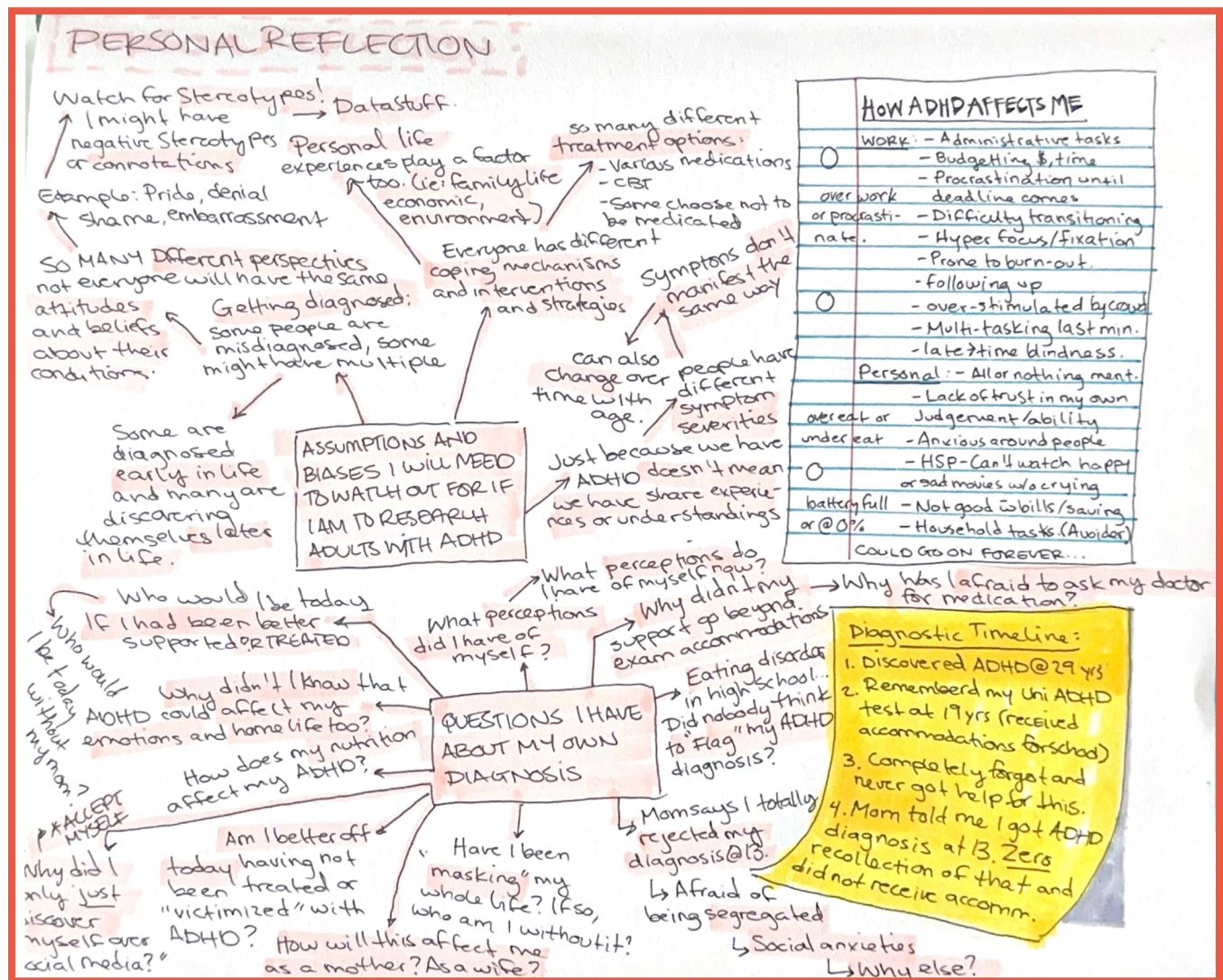


Illustration 2- Reflexivity Mindmap 1

3.2 Participants

3.2-A Participant Recruitment and Sampling Strategy

Five participants and one key informant were interviewed and included in the study. All participants identified as women and were either currently or previously employed in teaching roles across elementary, secondary, and post-secondary education in Ontario. A formal ADHD diagnosis was not required. This choice reflected a desire to reduce gatekeeping and honour lived experience over the barriers that can exist for formal clinical diagnoses. The participants were recruited through professional and personal networks as well as through word of mouth. While recruitment posters were circulated, all participants were already known to me prior to the study and were only invited if they felt comfortable. Participation was entirely voluntary. This sampling aligns with qualitative narrative inquiry goals for depth but introduces potential bias that is acknowledged.

3.2-B Data Saturation

Due to the in-depth nature of narrative inquiry and the study's focus on contextual stories, the sample size of five was deemed sufficient (Mason, 2018). The goal was meaningful exploration, with emergent themes iteratively reviewed across narratives.

3.2-C Participant Snapshot

Figure 6 represents the flower-themed pseudonyms for each participant (Lily, Marigold, Daisy, Lavender, Rose). The bouquet symbolizes the diversity and uniqueness of each participant's story, while also suggesting collective strength. The takeout cup is meant to bring a humanizing quality to the data, where the women expressed instances of adaptability, resourcefulness and the creative ways in which they navigate their environments. Table 3 offers a brief overview of each participant to better understand their demographic and ADHD characteristics. Illustration 5 (page 46) is a visual mind map intended to provide a creative overview of some of the overlapping and notable elements drawn from participants' stories.



Illustration 4 - Flower Pseudonyms B

Interview questions were devised around childhood, diagnosis, career, teaching with ADHD, parenthood (if applicable), and visions for inclusion among other things. Participants responded to open-ended prompts worded to avoid suggestivity and to guide the conversation, with minimal interviewer response to allow for emotional, organic, and tangential reactions in the participants.

3.3 Data Collection

3.3-A Data Collecting Methods

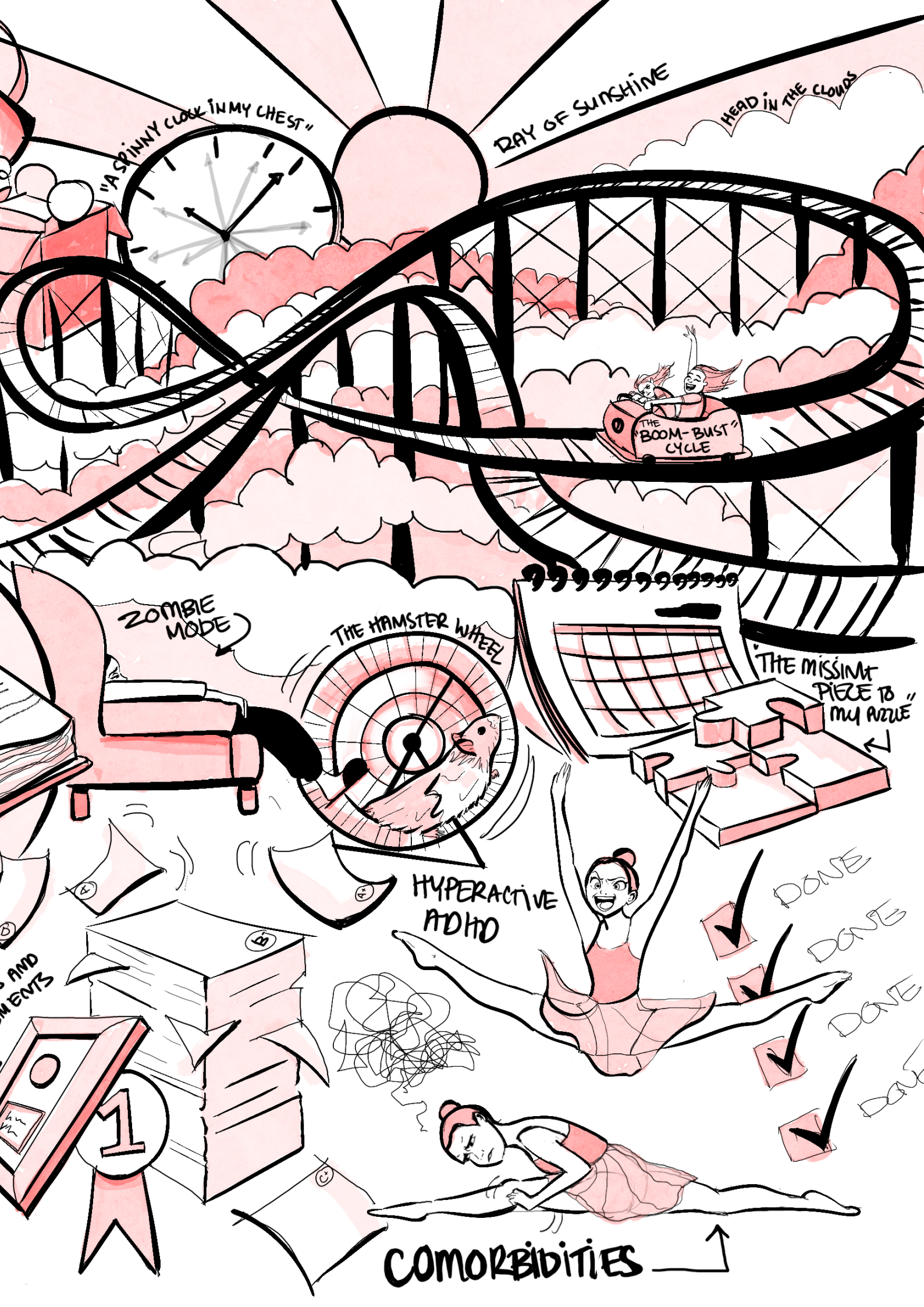
Five in-depth semi-structured interviews were conducted, three in person and two virtual via Microsoft Teams. Whether an interview was in person or virtual depended on the proximity, scheduling, and/or the participant's personal preference. All interviews were temporarily recorded with participant consent and transcribed for data analysis and storytelling. Interviews ranged from 90 minutes to 2 hours and 30 minutes, with breaks offered every hour. While interviews were only intended to last 90 minutes, some lasted longer due to the natural flow of the conversation and participant elaboration on certain

Snapshot	Rose	Daisy	Lily	Marigold	Lavender
Age	40	58	42	32	33
Diagnostic Journey	Diagnosed with 2e at 14	Diagnosed at 56 during menopause	Diagnosed in late teens	Undiagnosed	Diagnosed at 29
ADHD Type	Combination	Combination	Inattentive	Suspects inattentive	Hyperactive
Role in Education	High school teacher and department head	Partial-load college educator and program coordinator	Partial-load college educator	Elementary school teacher	Partial load college educator
Teaching Experience	15+ years as full-time teacher	9 years of teaching	2 years of teaching	10+ years of teaching	5 years of teaching
Comorbidity / Co-occurrence	Yes	Yes	Yes	Not sure	Yes
Childhood labels	Class rebel and the “opposite of a people pleaser”	Shy and wanted to be invisible. “The creative, messy one”, “stupid”. Found her voice in high school	“Eager to please”, “lazy” “lacking fortitude”	People pleaser, “hot mess”, “the librarian”	“Bouncing off the walls, but participatory in the classroom”, “devoted”, the “cool” teacher’s pet
Birth order	Middle child of 6 (mix of brothers and sisters)	Youngest of 3 girls	Oldest of 2 (She has a brother with 5 year age gap)	Oldest of 2 girls (large age gap)	Youngest of 3 (she is the only girl and there is a large age gap between her and 2 brothers)
Relationship with learning	Elementary school classroom rebel. Skipped grade 8 because she never felt academically challenged. Started applying herself in grade 11. Became student body president	Struggled academically in elementary school. Found her stride and her voice in high school and post-secondary	Straight-A student but rarely felt challenged... left things to the last minute. Fell in love with learning in University	High achiever and perfectionist in elementary school. By high school, lost interest in over-achieving. Enjoys learning subjects that she is interested in or has choice in.	“a sharp kid”, “I will put 1000% into anything I touch... even if I’m not good at it.” Has always been devoted to being and doing the best she possibly can for others
Strengths in academia	Excelled in all courses until high school math. Enjoyed language and humanities-based courses. Loved theater.	Excelled in the arts and technical drafting courses. First woman to win technical drafting award at her high school	Excelled in languages, fine art, humanities and dramatic arts	Languages and humanities-based courses. Parents put her in French-immersion to keep her academically challenged	Tech and computer science. Theater and dance
Struggles in academia	Grade 10 math was the first time she felt academically “humbled”. Also struggled in chemistry	“Played it safe” with her high school courses. Struggled with math and science	“lost the ‘plot’” in Grade 11 Math.	High school Math and science	High school Math and science
Career outside of teaching	No	30+ year career in design, including interior design, teaching and architecture	Spent 20+ years in arts administration, communications, and fundraising before teaching.	Tried juggling multiple outdoor-ed jobs for a year before applying to the public school board	Architectural technologist and eventually started her own small business while teaching.
Current teaching status	Full-time	No longer teaching. Returned to interior decorating	No longer teaching	On maternity leave, but returning part-time	No longer teaching. Now works for a scale-up tech company

Table 3- Participant Snapshot



Illustration 5- Participant Mindmap (artwork by the author)



"A SPINNY CLOCK IN MY CHEST"

DAY OF SUNSHINE

HEAD IN THE CLOUDS

THE "BOOM-BUST" CYCLE

ZOMBIE MODE

THE HAMSTER WHEEL

THE MISSING PIECE TO MY ANGE

HYPERACTIVE ADHD

DONE
DONE
DONE
DONE

COMORBIDITIES

1

EVENTS

3.4 Data Analysis

Following transcription, the researcher composed six-to-nine-page narrative vignettes for each participant. The vignettes were sectioned by the sub-themes and the stories consisted of the following:

- Direct quotes from the interviews
- Stories shared by the participant
- Some observational commentary by the researcher
- Some interpretive storytelling

The goal was not only to represent participants but to honour their stories as artful, contextual, complex, and worth reading. Vignettes were used analytically, but also illustratively as an additional layer of analysis to help solidify the four main themes and sub-themes. Participants received their stories and were invited to review and edit them collaboratively. Three vignettes required only minor factual or chronological adjustments needed to support accuracy. One participant requested a second meeting to expand on her narrative, post-teaching, and read through the story together for small edits. One participant felt nervous about some of the identifying factors and asked the researcher to either generalize or remove some of the details.

All requests for edits and changes were honoured. Participants were reminded that they could edit or remove as much detail as they wanted and that they could withdraw at any time. They were also reminded that this MRP would become searchable online. Overall response to the vignettes was positive across the board. Many participants expressed feeling emotional while reading their vignettes, and were proud and pleased to share their story with the hopes of helping others and inspiring change.

This method of verification and member-checking is a more collaborative storytelling model that centers around participant voice, agency, and accuracy.

3.4-A Narrative with Grounded Theory Strategies

Analysis of the data was an iterative process given the study's hybrid methodological framework of incorporating narrative inquiry and grounded theory. Semi-structured interviews were transcribed and analyzed with open and axial codes to discover key ideas, emotions, quotes, and patterns. Initial codes were then grouped into axial categories to explore connections between personal experience, systemic barriers, and professional identity.

Categories were chronological to their life story and diagnosis history.

- Early Life: Elementary and high school (includes childhood social dynamics)
- Early Life: Family dynamics
- Diagnosis journey
- Comorbidities
- Coping mechanisms
- Professional trajectory (including post-secondary)
- Adulthood (Includes motherhood and social dynamics)

- ADHD strengths
- ADHD challenges
- Workplace systemic barriers & neuroinclusion
- Personal and Professional transformation
- Defining success for the future

Phase one involved coding the transcripts using a table:

Example:

Category	Direct quote	Open Code	Axial Code
Early Life: School	“I was very quiet, very shy. I was like an ‘okay’ student, I guess as a kid’... I was intelligent enough, but I wasn’t getting ‘A’s’ or top of my class like my two sisters.”	Quiet, shy, comparison to siblings, feeling less successful despite being capable	Childhood experience, academic self-perception, sibling comparison, early self-image

Table 4- Coding

A list of direct quotes was first pulled from each transcript to support the narrative vignettes. After the six-tonine-page narrative vignettes were written, a second round of coding was conducted on the vignettes, themselves, to further identify and refine the main themes and sub-themes that were shared by at least three of the five participant stories. This process helped extract the most important material for the study's findings. Table 5 is an example from a larger coding sheet in which categories were clustered. Sticky note excerpts from the narrative vignettes were tagged with the participants who shared similar experiences or beliefs. Summaries were created for each category to help organize analytic notes. This Qualitative Interview analysis method was adapted from a Miro template, designed by Kiuub. An image of the entire sheet can be found in Appendix D.

Spontaneous and unexpected insights and anecdotes emerged highlighting how certain educational structures- can work at cross purposes with neurodivergent ways of being.

This blended approach of incorporating narrative inquiry with grounded theory elements allowed for both thematic exploration and preservation of narrative integrity, which might not have been as effective if the study had simply relied on grouped and categorized data.

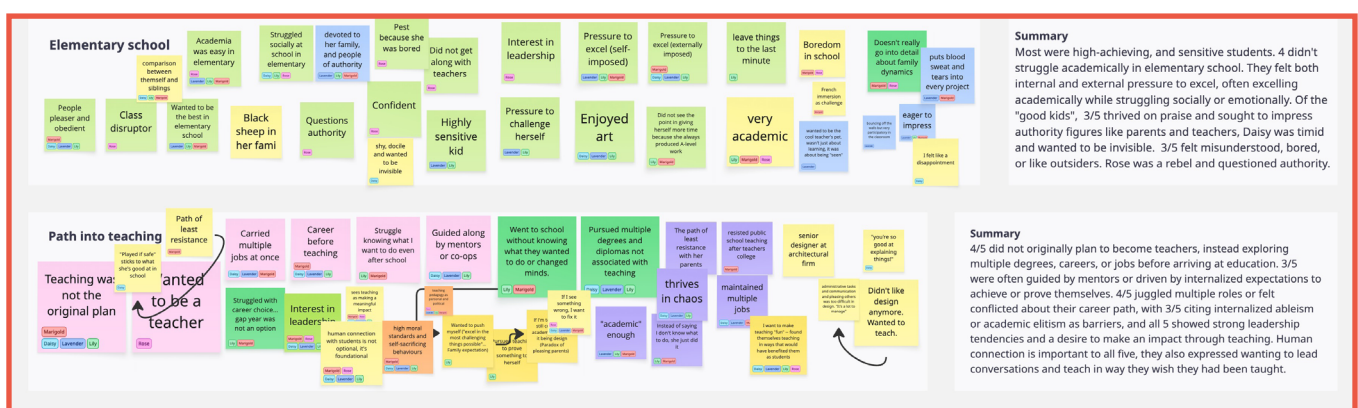


Figure 3- Data Analysis

3.4-B Data Management

All digital data (audio, transcripts, vignettes) were securely stored on OCAD's encrypted, password-protected university OneDrive. Access to raw data was limited to the researcher. Data was anonymized with pseudonyms.

3.5 Ethical Considerations

The study received ethics approval through OCAD University's Research Ethics Board. All participants provided informed consent and were assigned pseudonyms to protect participant confidentiality. Given the potential sensitivity of discussing personal and professional challenges, care was taken when approaching all interviews to allow participants control over what and how much they shared or wanted to keep with respect to their contributions and there was clear communication of voluntary participation and rights for withdrawal. I, the researcher, participated in follow-ups, member-checking, and collaborative editing with participants' vignettes. Participants were made aware of potentially identifying details that could compromise their anonymity and were given opportunities to modify these, if desired. For example: A love of dance could be changed to 'gymnastics' instead. However, four of the five participants were not concerned, and no changes were requested. Only one participant requested the removal of certain details, but none were altered.

CHAPTER 4:

Findings

Due to the nature of the study's scope, participants varied in age, background, mental health histories, and career paths, which allowed their unique and, sometimes, opposing and contradicting emotions, values, frameworks, behaviours and identities to come through. There were notable instances, however, where all five participants shared overlapping and similar sentiments, opinions, values, scenarios, even metaphors to describe certain feelings and experiences. For example, three participants used "hamster wheel" to describe the amount of effort they put in with little progress to show for it. Two participants described a spinning, or wound up clock inside their chest to describe the tightness and anxiety they feel. These similar and contrasting tensions reflect ADHD as an evolving personal journey rather than a fixed pattern and reveals shared pain points in systemic frameworks that tend to "other" them.

Narrative vignettes with pseudonyms, approximately 6-9 pages long, were written for each participant based on the stories and insights they shared during their semi-structured interview. These narratives preserve and amplify the participants' voices by incorporating many direct quotes and following the chronological progression of their life experiences and journey with ADHD. The full vignettes are available in the appendix or via hyperlinks below. Reading their full story is highly recommended for better context, relatability, reflection and understanding. Condensed summaries for each participant's story is provided below.

4.1 Vignette Condensed Summaries

4.1-A Participant Summary 1: "The Kid You Didn't Want in Your Class": The Life of Rose

Rose, a forty-year-old high school teacher, department head and mother of four young children, navigates the challenges of teaching and her busy life through a kinetic and human-centered approach. Diagnosed with twice-exceptionality (2e) at fourteen, she attributes early intervention and giftedness to her current level of self-compassion, acceptance, and confidence. Rose needs challenge and constant stimulation throughout her day, "I just need to keep moving" she says, which is something she did not get growing up in her small rural town with no organized sports or outlets to expend her energy. Forced to sit in a classroom while never feeling academically challenged or motivated, Rose was angry and frustrated with the slow pace of school. She rebelled and questioned authority from a young age, describing herself as having been "the opposite of a people pleaser." She says, "I was the kid you did not want in your class." Due to her disruptive nature in the classroom environment, intervention occurred when she was fourteen, and she was sent for assessment by their family doctor. She found relief from her diagnosis saying "I'm not just angry!" Besides the diagnosis, she reflects on having had no additional support or medication. Skipping a grade was the only solution back then. By early high school, she had gotten into drugs, burned bridges with friends, and found herself isolated, in a dark place mentally and emotionally.

By the middle of high school, without any external forces or mentorship, Rose pulled herself out of this dark place and turned her life around, almost overnight. She committed herself to changing by applying herself in school and getting involved in school programs and initiatives. Miraculously, by the end of high school, she went from being the class rebel to the student body president. She has found ways to channel her passions and frustrations in more productive ways that have allowed her to effectively lead her family, her department, and her students.

As a teacher, Rose advocates for a redefinition of education beyond the traditional, generic approach to teaching. She is critical of the public education system's failure to adapt quickly enough to our rapidly changing world: "there's no one-size-fits-all [approach to teaching] anymore." Her teaching style is dynamic and improvisational, aimed at making learning engaging, stimulating, accessible and fun. She teaches in a way she would have benefited from as a child; her teaching methods involve lots of movement in the class. Students write on walls, engage in

debates and meaningful conversations that challenge them to practice their critical thinking skills; they shuffle desks around to encourage movement. Rose openly shares her ADHD with students and models self-acceptance, as she reinforces that neurodivergence is a part of identity. “The fact that I’m gifted and ADHD doesn’t change anything about me... Can we just move on? It is what it is... you have to accept it.” She credits her school as being more progressive and inclusive, which allows her to teach freely in unconventional ways that align most closely with Universal Design for Learning principles. Her school used to have a “gifted” program, until recently when it was cut by the provincial government.

Despite systemic challenges and stigma, Rose’s story highlights the ongoing challenges between societal norms and self-defined worth.

To read more about Rose, click [\[here\]](#).

4.1-B Participant Summary 2: The Invisible Tax of ADHD: The life of Daisy

Daisy, a 58-year-old single mom, designer, artist, entrepreneur, and college instructor was finally diagnosed with ADHD during menopause at the age of fifty-six after many long years of health struggles, chronic pain, and personal challenges.

When she shares stories about her childhood, high school is where Daisy found her voice and natural talent and passion for art and design. She went from being the shy and bullied kid with no friends in elementary school to being an award-winning and published superstar in high school and college. While her recent ADHD diagnosis has helped her gain greater awareness and self-compassion, sharing, “it helped me forgive myself,” still, internalized beliefs around perceived inadequacies and shame continue to come up for her. She has come to accept her childhood label as “the creative, messy one” in her family, but Daisy grew up feeling like she wasn’t as capable or as intellectual as her peers, often comparing herself to her two older sisters. Her parents, who valued subjects like math and science over artistic talents, also influenced some of these beliefs about herself.

Despite becoming the first member of her family to attend post-secondary education, despite being the first woman to win a drafting award at her high school, and all of her other professional and academic achievements, Daisy frequently undermines her success because of her struggles with ADHD. Her lifelong sense of shame around her disorganization and her personal challenges can overshadow her gifts and strengths. Although much of her identity was shaped by external forces, validations, and expectations, she rarely attributes her difficulties to those same external systemic forces. Instead, feelings are internalized, and she blames herself, reinforcing these narratives of personal failure as things she “should” be able to inherently do or know.

Daisy finds a lot of her sense of worth and purpose in teaching. She loves the emotional safety that comes with operating her own class where she is “free” to be her true, authentic self. She is adored by her students, and she takes immense personal pride in their successes and academic breakthroughs.

After receiving an ADHD diagnosis, Daisy experienced both clarity and sorrow as she reflected on her life and on how profoundly ADHD shaped her life choices, relationships, work habits, and self-image. Symptoms were often masked by perfectionism and chronic overwork. “Maybe I don’t have anxiety. Maybe I just can’t focus, and that is what creates the stress!”

“I have some superpowers, I really do,” she says, embracing her creativity, her natural ability to transfer knowledge, her genuine passion and enthusiasm, her gift for making rapid connections and her resiliency and adaptability

to life's curveballs and hardships. "It's lovely to be this ray of [positive] energy [in] students' lives, but it's kind of also exhausting, you know?" The toll of her struggles has been costly: "It's made me sick a couple of times over, I've crashed and burned in my career multiple times because of working myself to the ground."

Daisy is no longer teaching, but her story highlights the systemic and institutional barriers faced by late-diagnosed women. Her experience highlights the need for a cultural shift in how ADHD is perceived, understood, supported, and appreciated, not simply accommodated, but truly accounted for, particularly in education and in the workplace.

For the full version of her story, click [\[here\]](#).

4.1- C Participant Summary 3: "There's no such thing as lazy": The life of Lily

Lily is a forty-two-year-old former college instructor with a previous twenty-plus year career in the field of arts and culture (arts administration, communications, and fundraising). Growing up as a "good kid" and "eager to please" she wrestled with internalized shame linked to undiagnosed inattentive ADHD symptoms. Labeled as "lazy" and possessing a "lack of fortitude" because she was sensitive, she left projects to the last minute, consistently lost her keys, and preferred to read and be alone over "getting up and doing stuff." Lily was naturally gifted, and an A-level student who thrived in all subjects. It didn't help that she was living with chronic pain and only discovered this in recent years. She was diagnosed with ADHD and depression in her late teens following her dad's diagnosis. In high school, Lily went from being an unchallenged academic to "losing the plot" in grade eleven math. From there, she took a liking to "smoking pot" and theater programs.

Lily fell back in love with "learning" in University when she discovered that she could "nerd out" over the history and theory of the dramatic arts. She even pursued a master's degree in performance studies. Her narrative centers on her journey of radical self-acceptance and a reimagination of the education systems that often exclude neurodivergent minds. Daisy believes that these minds need more context to help them fill the gaps created by the question, "what's the point?" A college diploma she later pursued in design as a mature student was what inspired her to teach, noting that her favourite teachers were those who had "developed a wider breadth of knowledge and a point of view, whether that was art, history, culture, human behaviour, or anything else that could contribute to the way we see and experience the world... and understand people, and ideas." She critiques teachers who didn't bring passion to their classrooms or refused to elaborate on "the bigger context of where this sits in the world." She remembers thinking: "I want to be leading these conversations."

Motherhood, especially parenting a son with autism, deepened her understanding and empathy of neurodivergence and prompted her to extend grace and accommodations to herself, fostering a compassionate self-narrative, and dismantling her own engrained institutional beliefs around the connections of productivity and its perceived link to intelligence and success. In her vignette, she shares her family's experience of adopting a "low demand lifestyle" which proved to be a game changer for everyone, but especially her son. "It's about parenting the kids you have, not the ones in a parenting guidebook," she says of her parenting framework.

After two years of teaching at the college level Lily faced her own challenges, both personal and institutional. Lily describes an "ad hoc" environment that offered no support, guidance or training: "having to mask and having to cope in an environment that was just not working for me" is what eventually led her to another "boom-bust," a cycle she is unfortunately very familiar with. She has realized over the years that, "if I am super invested in the work, but the conditions don't work well for me, that's when the burnout comes." (She describes this more in detail in her vignette)

Facing medical, personal, and institutional barriers, Lily highlights systemic gaps in adult support, especially for women balancing domestic roles, but she is now focusing on self-validation, holistic healing, and dismantling old institutional frameworks and beliefs that shaped her upbringing. Burned out by academic structures lacking support, she advocates for inclusive, anti-ableist education that values neurodivergent brilliance as vital to innovation, ingenuity, art and culture, despite still working through and dismantling some of the institutional standards that persist.

To read Lily's full story, click [\[here\]](#).

4.1-D Participant Summary 4: What to Do with a Bleeding Heart and Compassion Fatigue: The Life of Marigold

Marigold is a thirty-two-year-old mother of two, a wife and elementary school teacher who is currently on maternity leave. While not formally diagnosed with ADHD, a turning point in her self-understanding and compassion came after a recent hospital visit involving postpartum challenges. She felt profoundly validated when a neurodiverse ER doctor listened to Marigold and named her patterns and struggles as being most likely linked to ADD. "It was [as if] she had taken a piece of my soul and put it on a platter... I was like, 'oh wow, you get me.'" By sharing her own neurodiversity, this doctor had humanized herself, giving Marigold great comfort, and almost instantly disarming her shame and putting her at ease.

After conducting her own research on the disorder, Marigold identifies more with the inattentive aspects of ADHD and finds it easier to relate to the term "ADD" (Attention Deficit Disorder)– an outdated term that now falls under the broader diagnosis of ADHD. She currently has no plans to seek a formal diagnosis.

As a kid, despite being a high achiever in school, early signs of ADHD, like boredom, messiness, and overfunctioning, went unnoticed due to her strong work ethic and people-pleasing tendencies. Bored and academically unchallenged, Marigold was moved to a French immersion school to keep her stimulated and academically challenged. The label she internalized growing up was "the hot mess," and it's a label she still carries with her today. Despite her outside appearance of being "just fine," she says, "You would have to come into my house to see the full effects of my all-or-nothing thinking," describing her home as a "hoarder's paradise." Marigold describes herself as a perfectionist who often finds herself either paralyzed or hyperfixated by all-or-nothing thinking. A sense of control and autonomy is what brings her the most peace, but maintaining control is elusive and very difficult. When she loses her ability to hold things together, she describes the opposite effect, like taking her hands off the wheel and either going numb or not caring at all. She says, "if I can't have full control over a situation or circumstance, [then] I don't care, I fully let it go."

In her vignette, Marigold goes into detail about her relationship with learning over the years, and how she went from being a perfectionist and high achieving child, to losing that by high school. When it came time to choose a career, pursuing teachers college felt like "the path of least resistance with [her] parents," because taking a gap year was not an option in her household. She clarifies her passion for learning, however, with the caveat that she loves learning if it's a subject that interests her or something she has choice or autonomy over. For example, she says: "I didn't like reading until my grade 10 teacher let us choose which book we wanted to do a report on."

As a teacher, she enjoys the connections she makes with her students. Still, Marigold feels burned out by the emotional toll of teaching and the rigid expectations of the education system, something she can't control. She wonders if leaving the classroom altogether might be the only way to protect her well-being and focus on her own children, as the "never-ending tasks of teaching" always make her feel "insufficient." Until then, Marigold will return from maternity leave in a part-time capacity.

In her vignette, Marigold emphasizes the emotional labour of teaching; the pressures and cognitive loads that come with “nitty gritty” administrative tasks, caregiving, and the lack of systemic support for educators in general.

Marigold critiques the public education system for failing both teachers and students, particularly those who don’t fit the mold. Her story reveals the hidden toll of modern motherhood, invisible labour, and the yearning for autonomy and authenticity in systems that demand compliance.

To read Marigold’s full story, click [\[here\]](#).

4.1-E Participant Summary 5: From Living in a Haze to Clear Hues: The life of Lavender

Lavender is a thirty-three-year-old former college instructor who now works with her husband. Deeply devoted and intrinsically driven, she is known for her passionate intensity, perfectionism, and moral conviction. In recent years, especially after her 6th ankle surgery following an almost twenty-year commitment to competitive dance, she is still coming to terms with her innate need to perform and mask for survival. These traits are rooted by a complex upbringing that was emotionally enmeshed with family mental illness, childhood OCD, anxiety and a late-in-life ADHD diagnosis. These challenges influenced her identity formation, and her tendencies towards overcompensation. Through therapy in her mid-late-twenties, Lavender began to recognize patterns of psychological manipulation and emotional abuse, and has since gone ‘no contact’ with her mother– a big step towards empowerment, autonomy, and radical self-acceptance.

As a child, Lavender describes herself as “constantly bouncing off the walls” and being devoted to her parents and teachers, often putting her needs second to those of other people. She says “I will put 1000% into anything I touch, even if I’m not good at it.” This dedication persisted into adulthood showing up in every area of her life, from learning and teaching, to producing, and performing, to her personal relationships and personal growth. On the surface she is confident, organized, successful and in control, but her internal world was shaped by hypervigilance, guilt, trust, and fear. Diagnosed with OCD at twelve after a terrifying two-year battle with intrusive thoughts and compulsions, her obsessive tendencies were often fueled by the intensity of her unnamed ADHD and its chronic need for stimulation.

Though she is no longer a college instructor, Lavender recalls a love for her students, her teaching team and her classroom, but she also recalls the anxiety and feelings of inadequacy that came with a lack of institutional support and personal boundaries. Her devotion to professional development influenced her to sign up for many unpaid mini courses and workshops through her college; however this same devotion is also what prompted hours and hours of grading, crafting personalized detailed feedback for each student and assignment, spending countless hours creating supplemental resources and materials, and maintaining reliable and constant clear communication with all of her sections and individual students. She was also dedicated to forming deep connections with her students and helping everyone succeed. While these interactions energized her and gave her purpose, they also left her depleted with no work-life balance, no free time and chronic stress.

Lavender’s OCD and ADHD are co-occurring conditions that have shaped the ways in which she has learned to cope: they range from intense hypervigilance, hyper-fixation, movement and organization to emotional numbness or “zombie-mode” as she calls it. In her vignette, the relationship between her ADHD and OCD are described as a push-pull dynamic with anxiety being sandwiched between the two.

Lavender’s story is about self-discovery, identity transformation, perseverance, and the difficulties that can arise on the road to radical self-acceptance. Her narrative calls for much more than just neuroinclusive awareness in

workplaces and schools. It raises important questions: What does high functioning truly mean in our current and arguably dysfunctional societal and institutional systems? And at what cost is it sustained? Meaningful, informed and inclusive action is needed to recognize and truly value the unique contributions of individuals like Lavender.

To read Lavender's full story, click [\[here\]](#).

4.2 Key Themes & Findings

The core themes below reflect the shared experiences that emerged from the open and axial coding. Subthemes were derived from either three or more overlapping participant reflections. While some participants shared similar challenges, others also described contrasting views or responses in different contexts or life stages. These paradoxes are not outliers; instead, they illustrate how ADHD can be shaped by gender, support systems, environments and self-awareness, among other variables.

Theme I: Identity, Masking and Internalized Ableism

While analyzing the interview transcripts, a theme around identity formation began to emerge. Rose, with 2e describes having been “born with confidence”. Meanwhile, many of the other participants grew up almost unable to trust themselves, highly sensitive, as their sense of self was largely shaped by external influences, especially the guidance and opinions of their parents: “the way things just bounced off of him [her brother], and the way those same things just absorbed right into me and became the core of my being is very different,” is an example shared by Lily. Daisy also internalized the opinions of her parents: “‘You’re not good at math. You’re not organized. You’re creative. Your room’s a mess, but you’ve got a visual memory. ‘Oh well, she’s just not as smart. She’s creative. That’s okay.’” These parental sentiments were internalized by Daisy as their lowered expectations of her compared to her sisters. It became clear through the research analysis that some of these female educators with ADHD experience complex and often contradictory experiences of self-worth, identity and legitimacy. Across their stories, there were common paradoxes between the need to be seen and and the need to disappear; authenticity and masking; advocating for others, while experiencing internalized-stigma, among others. Participants share outward projections versus the inner turmoil that could make their work and/or personal relationships difficult to navigate. Four sub-themes emerged to help clarify this theme.

Sub-theme I.I: Paradoxes of identity and performance– being simultaneously “too much” and “not enough”

There were moments throughout the interviews in which participants either explicitly or unintentionally described holding simultaneously conflicting and/or contradictory beliefs about themselves that shifted depending on the situation or context. A sense of being “too much” in social situations, or doing “too much” in academic or professional settings, versus simultaneously feeling like they are “never doing enough” or not “good enough” was a main and consistent example across most participants. Four of the five participants at different stages of their lives said: “I never felt good enough” or “I never feel like I’m doing enough,” while in different contexts, some of the combination and hyperactive-type participants felt like their big personalities were often perceived as “too much” in social environments, or didn’t know when it was time to stop performing tasks. Some other direct quotes include:

[I] didn’t know when to personally stop the task– like, I just kept working... that incessant need is disgusting. (Lavender)

Some people have found me... a bit much. Especially now, I’m more afraid to ‘let it out’ (Lavender)

"I think I'm way too much– I get this feeling of 'I'm too much'. I'm too loud. If I do talk, I'm too talkative."
(Daisy)

...Manageable to everyone else, and then inside my house is a disaster... Inside my body? Disaster. I mean, I'm stable... but I'm also a cluster inside all the time... I am hard on myself. (Marigold)

I wanna do everything really well, and I hyper focus way too much on things that don't really matter that much.... I put in too much detail where it's not needed, right?... My childhood wound was 'you're not enough'–and so I had a chip on my shoulder. (Daisy)

I got over the shame of 'I'm not smart'... because I realized, I am... 'talented'... But yeah, there's still shame–knowing I'm just really disorganized. (Daisy)

Internalized insecurities mixed with external expectations were observed which created confusion for these participants in their professional and personal roles. This theme emphasizes the need for more nuanced, human-centered understandings of ADHD, particularly in how it manifests differently across individuals and settings.

Sub-theme I.II: Role Models Who Still Struggle with Self-Stigma

Another sub-theme that emerged under “identity, masking and internalized ableism” was a passion for helping others. Every participant described an interest in leadership or had a natural ability to lead and/or bring out the best in others. They also possessed strong advocacy and sensitivities towards fairness and justice, and had a natural ability to organize people and groups. “If I care about something, I really “get into it... If I see something wrong, I want to fix it– Let’s get together, let’s make it happen. I’ll lead the pack” (Daisy). Participants described being intrinsically externally motivated to help and support others: “caring about something helped me have the confidence to get past my fears, because there was something to advocate for” (Daisy). Rose shared a similar sentiment about transforming her rebellious nature and anger into something more productive, like becoming student body president for her high school: “I [realized that I] can use that energy... and have it be positive for me... As I said, I have to be productive. So when I get overwhelmed... I keep busy. I have to move.”

This theme became paradoxical, at times, when participants would publicly promote inclusion and equity for their students and/or loved ones, but unintentionally express ableist narratives around their own neurodivergence by saying things like “I should be able to do this,” or “I try to be as normal as possible”. This left some participants, in their roles as classroom mentors and leaders with conflicting feelings of hypocrisy and confusion especially when espousing concepts like “work-life balance” to their students while struggling to model self-acceptance in their own lives. In some cases, they measured their ADHD against institutional expectations and perfectionist standards.” The struggle is so internalized and normalized for me that I don’t think of it as a thing that ‘can’ be helped,” says Lily who described a lifelong pattern of pushing herself toward the hardest challenges possible, while at the same time advocating for her students: “It does not align with my values to be holding these young adults to this standard.”

While all participants believe in supporting students with academic accommodations and most participants agreed that ADHD should be included in workplace DEI frameworks, Lavender shared that she believes ADHD should be categorized as a mental health condition in the workplace and not DEI.: “I don’t want to be a hypocritical and privileged white woman [with ADHD] inserting myself in DEI”– she says this with pure intentions, believing that DEI efforts should be specifically utilized for racial and cultural equity and reconciliation, and expressing hesitation about centering on neurodiversity, despite its common intersections with race, gender, and other factors of identity. Interestingly, the longer participants had lived with an ADHD diagnosis, particularly those balancing parenting, the greater their sense of self-compassion and systemic awareness: “I’ve learned that it

doesn't help to beat myself up," says Rose. "You can't really expect people to live up to a certain standard," she says of our current systems and structures. "I don't think it's a mental health issue in the sense that, compared to depression, for example, it's not something that will go away..."

Sub-theme I.III: Diagnosis, Masking and the Invalidation of Lived Experience

Participants all shared delayed, complex and often invalidating diagnostic experiences shaped by masking and systemic neglect. Most participants described households where mental health topics or any personal challenges in general were "not on the [family] radar" (Lily). "When I was a kid, my parents would tell me, 'Oh, you're so hyper, you must have ADHD;' but they didn't know what that meant... They didn't know what mental health was, and they didn't do anything about it," says Lavender. For most, ADHD was not identified or understood until adulthood, even those who were diagnosed as teenagers reported not having clarity or understanding of their ADHD until adulthood: "I'm realizing more things about my life as a result of ADHD. Decisions and choices are starting to make more sense," says Marigold. Lavender later confessed: "now I'm figuring it out [ADHD] as an adult, [but] if I had figured it out [when I was] younger, then I could have grown up with how to [better] cope with it... I'm coping okay, but [some of my] coping mechanisms are really unhealthy." Diagnoses mostly came after personal or health crises, or burnout. Three were referred by therapists for psychiatric assessments, mostly for bipolar II disorder, and only two sought formal assessment, but ADHD was not considered in these formal assessments, and bipolar II results were inconclusive. Lily challenged the statements made by a psychiatric professionals

"I'm realizing more things about my life as a result of ADHD. Decisions and choices are starting to make more sense,"

- Marigold

who deemed her struggles as "depression that is poorly managed," Lily shared: "I mean, what's what anymore? What is depression, and what is just a constant battle to function?" Daisy shared a similar sentiment: "Maybe I don't have anxiety. Maybe I just can't focus, and that is what creates the stress!"

Even when a diagnosis came, it rarely led to meaningful support and all participants agreed that the label alone was not enough. Early interventions ranged from skipping a grade or switching schools to French immersion. Only Lily was prescribed Ritalin when she was a teenager, but shared how this stint was brief because she kept forgetting to take the pills and saw no real benefits. "It was like, 'Oh, you have ADD, and that means you have a hard time focusing. If we just give you these meds, you'll be [cured]... There wasn't any concept of how you learn or how you work... I didn't have a concept of just how crippling and

how bad it was. I didn't know that it was impacting every aspect of my life," shares Lily. "It wasn't impacting me scholastically; however, everything I touched was a fucking mess. I lost everything, I forgot everything. I did great work, but I did it all at the very last minute and under pressure."

Lily is not the only one who shared this sentiment, as most participants recounted leaving projects to the last minute and producing amazing work with the extreme bi-products of stress, pressure, and very little sleep. The two participants diagnosed in adulthood previously managed their unnamed ADHD through intense work habits, extreme hyperfocus and creative outlets such as dance, for Lavender. Most participants described dabbling in cannabis use as teenagers, with one participant currently relying on it almost hourly for chronic pain management

*"[ADHD] didn't affect me scholastically, but everything I touched was a f***** mess."*

- Lily

and to regulate her nervous system.

Four of the five participants described healthcare barriers. Lily (42), who had been prescribed Ritalin in her late teens, recently visited her current doctor to try a new protocol. Her doctor refused to consider ADHD medication until Lily sought reassessment of an adult ADHD diagnosis; however, between high costs for private assessments, long wait times for publicly funded assessments, and dismissive healthcare practitioners, participants have opted out of pursuing a formal diagnosis and are instead approaching their care more holistically through natural remedies, therapy, and somatic exercises.

Some questioned whether ADHD was “serious enough” to warrant medical attention, especially when compared to more visible disabilities. They have ‘gotten by’ this long without support: “At this point in my life, it’s not gonna change how I do anything... To put a label on me is not going to help,” says Marigold, the only participant never formally diagnosed. Across the board, self-validation was often private and rarely mirrored by systems of support. Participants also faced ADHD stigma within their families and communities: “I find there’s kind of a skepticism on their part [with other adults]... Where [ADHD] doesn’t really exist, like ‘you’re not really ADHD and gifted, that doesn’t happen,’” says Rose. Daisy emphasizes this further by sharing: “people kind of thought I was just jumping on the [ADHD] bandwagon [and] finding an excuse for being the weird, washed-up mess that I am sometimes.” Lily also shared: “I don’t want to get too into the labels, beyond the way they can help guide your search for resources... or community.” Some would internalize doubts about ADHD legitimacy and others have learned to embrace it.

Despite the challenges, barriers, stigma and lack of holistic support that often accompanied a formal diagnosis, most of the participants described instant relief; the diagnosis provided “a legitimate reasoning” for the way they are, resulting in a much needed dose of instant self-compassion. “It actually helped me forgive myself” says Daisy, suddenly understanding herself better: “that’s why my laundry never gets put away. I’m not a bad person, I just can’t remember some things. It’s not that I don’t care, I do care, I just can’t remember.”

Sub-theme I.IV: Rejection Sensitivity and Authentic Relationships

All participants described early challenges with social belonging, feeling like outsiders within their families or friend groups, especially during elementary school years: “I have a fear of upsetting people,” says Lavender. “I devoted myself to being the teacher’s pet. No one wants to be the teacher’s pet, yet I wanted to be the teacher’s pet. But the ‘cool’ teacher’s pet... 100% it was a safety thing... for approval”. Most of the participants described being victims of teasing and bullying, or isolation, with high school marking, a positive change for many. Ages 12-14 emerged among participants as a formative period for social and personal identity; however, internalized labels such as “the lazy one,” “the hot mess,” “the stupid sister,” “the pest/bitch,” or the “the ‘cool’ teacher’s pet,” appeared to influence their self-image well into adulthood: “I say ‘yes’ too much. I don’t have enough discipline... no budget, no financial control. This is where ADHD is really hard for me,” says Daisy of her lack of discipline and difficulty regulating and setting boundaries. Participants responded through masking, shapeshifting, people-pleasing, perfectionism and/or dissociation to avoid criticism or rejection. Rejection sensitivity dysphoria also contributed to poor boundaries and difficulty expressing needs, often making authenticity feel risky:

I feel really guilty if I upset somebody. Sometimes I also find that I don’t think well enough before I say

something, and it offends somebody, and I hate offending. I want to be a nice person, and if I offend somebody, I feel really bad. Or if I disappoint somebody, I feel really bad. But I can't help it sometimes. (Daisy)

I don't let a lot of people close to me... it takes me so much time and energy to focus on having good relationships that having a lot of them is just...it's not worth it to me [because] I have to invest so much in being compassionate, being open... I think I would lie if I said 'no' [to feelings of rejection sensitivity]... I [work hard] to protect myself from that... If I don't talk to people, they're not going to reject me. (Rose)

One of the biggest problems in my friendships and relationships was talking over people. Not waiting for a response. Forgetting things. Forgetting to check in on people... Saying I would do something and then not-if there wasn't a deadline, it wouldn't happen. So I disappointed a lot of people. (Daisy)

I defer to other people. I always ask [my husband] to reread messages before I send them. 'Does it sound okay?'... Even if it's to my friend that I've known for fifteen years, I'm always so afraid of upsetting her... She's definitely probably more of a best friend to me than I am to her... Is how I look at it. (Lavender)

Many participants, however, shared common moments of self-recognition and self-acceptance with their ADHD. These breakthrough moments appeared to come through authentic connections that mirrored and validated their experience. They described the first moments when they saw their own patterns reflected in other people whom they loved and/or respected, which prompted self-compassion and a softening of internalized narratives. For example, Lily adopted a “low demand lifestyle” to support her autistic son, and this shift has helped her unlearn internalized pressures and expectations she had put on herself to perform and constantly prove her worth. Marigold described her spark in self-compassion after a neurodiverse ER doctor recognized her symptoms and disarmed her shame by relating herself to her. “Oh. Oh! [ADHD] is a thing?... Cool. Okay, this is normal... I'm not crazy,” Marigold recounts the experience with her doctor. “... And she's very successful, I mean, she's a doctor [with ADHD]!” – A revelation that doctors can have ADHD, too! She describes this doctor as being very well-rounded, but most of all, “just very human... And I think that's the piece that got me– she saw me for who I was.” In another example, Daisy, the fifty-eight year old, remembers being flabbergasted a couple of years ago when her daughter came home from a university psychology lecture claiming that she had ADHD after learning about it. It seemed as though Daisy didn't know that ADHD was compatible with intelligence or academic success: “how could you have ADHD?” she said to her daughter, then emphasized, “she graduated top of her class... [and] got the Governor General's Award.” But after doing her own research and looking into it a little more, Daisy saw herself in the descriptions and eventually sought her own diagnosis. Another example includes Lavender's discovery of a “neurodiversity calendar” at a craft show which prompted a reframing of her ADHD, OCD, and anxiety not as three separate islands but as interconnected. For the first time she saw her challenges as frameworks worth supporting and not being ashamed of.

Moments of recognition and connection like this, whether through family, professionals, or by chance encounters were turning points, helping participants soften internalized ableism and begin to reclaim a more integrated sense of self.

Theme II: Navigating Unsustainable Systems

Societal and educational institutional structures emerged as a second theme as they both shaped and strained the personal and professional experiences of female teachers with ADHD. Examples that came up included the following: unhealthy family dynamics during childhood and, later, marital dynamics and challenges within motherhood; the public education system as children, then later as professional educators; the potentially toxic influences of religion; and overwhelming roadblocks and struggles with practical concerns such as the CRA and

paying taxes on time. Two participants, unprompted, brought up the CRA as a significant pain point: “people struggle with taxes,” says Daisy, “but they don’t miss their HST reports three years in a row... quite likely” (see Daisy’s story). Across settings, participants described the profound effects of systemic lack of support in their ability to sustain work pressures, maintain wellness, and/or show up safely and authentically. Lily shares the added pressures of being a woman with ADHD after generations of societal conditioning and programming:

“You’re so bad at ‘womaning’ if you have ADHD... you’re an extra failure... The degree to which you are expected to be high functioning across a huge diversity of types of skills [as a woman]... You can’t falter, and there’s no one to ask for help.”

Sub-theme II.I: Systemic Accountability and Burnout Prevention in Education

An interesting observation was how the degree of institutional support deeply influenced participant wellbeing. In the context of their professional environments, Rose, the high school teacher and department head was the only participant who felt supported in an inclusive culture at her school that once hosted a gifted program. In this way, teachers feel more free to teach in unconventional ways while also being supported by a team and structured curriculum; however, she critiques the Ministry of Education calling them “hypocritical” and for sending “mixed messages.” She also says, “The teachers who are [nearing] the end of their career, but still have 5-6 years left... The next five years will be complete hell for them because there’s no one-size-fits-all [approach to teaching] anymore. The teaching style where you sit down for hours and everyone does the same thing and there is only one way to do it... It does not exist [anymore]. But that’s how [these older teachers] were taught, and so that’s how they still teach. Marigold, the elementary school teacher, shares a similar sentiment: “We’re dealing with 27 unique individuals, and we’re all learning math the same way? It’s mind blowing.” In contrast to Rose, Marigold describes overwhelming expectations, rigid curricula, and insufficient support: “I need to be the person who stands up to the system, and I think that’s what’s burning me out. The system doesn’t allow you to work against the grain, and doesn’t allow kids to fit outside the box. It’s dysfunctional and [nobody] is held accountable.” She explains the “micro traumas” around the hyper-vigilance required to uphold a standard set by herself, but also the school. She says, “I could get written up for [giving them a hug].” She understands why certain rules exist, “but at the end of the day, if I have a connection with somebody... why do I feel guilty giving [them what they need]?” Whether it’s a hug or holding space for a meaningful conversation, Marigold lives in a constant state of hyper vigilance. She can’t even joke around with the students without worrying that she has crossed a line. “[Joking] has kinda gotten into a gray area too, because, how far do they go with joking? I’m not their friend. I need to remain the teacher.” Despite her passion, she describes a constant sense of falling short. “There’s always more I could be doing. It doesn’t end when I get home.” Marigold is responsible for teaching children, whereas Rose is responsible for the transfer of knowledge to students in grades 11 and 12 who have different behavioural needs, which could also impact the context of these findings.

At the college level, all three educators are no longer teaching due to personal challenges and/or layoffs, but they recalled valuing the creative autonomy they felt while teaching classes but also felt isolated by a lack of institutional scaffolding. Contract faculty, in particular, worked beyond paid hours often without mentorship or clarity: “Everything was just so ‘ad hoc’... and you just learned from your colleagues... but that’s not their job.” Fear of stigma or contract loss kept most from disclosing their struggles to their supervisors: “I didn’t want to ‘show my hand’. I don’t want them to know I’m struggling,” says Lily. In an effort to support their students needing academic accommodations, teachers resorted to disclosure of their own ADHD diagnoses in order to passively encourage self-advocacy and to help break the stigma: “ADHD being as stigmatized as it is, puts everyone at risk. I know some students are quite ashamed of their disabilities and you never want to wave a banner to the class [saying] that you have disabilities, right?” says Lavender. Not only do the teachers not want to “out” their students, but they are actually not allowed to approach students and connect with them in that way: “outing” themselves was

"I miss it so much [teaching], I really do, but the stress is just not worth it... it's not even worth the good feelings I had."

- Lavender

classrooms. The deep connections and positive responses and praise they often received from their students (and in some cases, parents) were motivating and fueling, but at the same time, these participants felt unsupported by the institution that expected them to “go above and beyond” for their students. This disconnect occurred across all sectors of this study, including elementary, secondary and college. Despite receiving “formal training” in teacher’s college, Marigold describes having only been given one psychology course, stating it wasn’t enough. At the college level, despite having the option to take mini courses and workshops on how to use her Learning Management System (LMS) and deliver materials only, Lavender had taken as many as she could: she says, “Am I qualified? Can I do this?... We were never taught how to build lectures, how to teach a class, how to control a class, how to deal with a disgruntled student, how to handle a surprised parent– none of that we were taught. We weren’t helped or supported at all, in any regard as to how to build accessible lessons.” Since many shared that their teaching style reflected their desire to teach in the way they wish they had been taught, many questioned whether or not they were getting it right. Were they creating barriers for their students as a result of overcompensation, over-communication, and their general departure from the expected instructional norms of their neuro-typical colleagues who could afford to “care less” and spend less time on tasks? “We end up overcompensating, which means we’re spending more time on things than other teachers who spend less time worrying.” Examples of overcompensation could be writing emails double the length they needed to be and/or grading that took way too long. Since college contract teachers are only paid for the hours spent in the classroom, this could create an immense discrepancy between neurodiverse educators and neurotypical teachers. These stressors left many feeling depleted, over extended and isolated. Some similar sentiments by the participants include:

I’ve gotten to the point in teaching where I have to let go because I care too much and I take it home and I hold it in and I take things personally... I cannot fix the education system, so I need to protect myself and get out. (Marigold)

We are getting mixed messages from the ministry, the school boards, and even from parents who don’t know any different than what they experienced themselves...the kids are living in a completely different context socially...we are just not addressing that difference at all. (Rose)

seen as a way to influence self-recognition in their students. Despite being open and inclusive with their students, almost all participants immediately said “no” to the question of whether they would disclose their ADHD to their managers, emphasizing the stigma that still exists. “Such is the cycle of shame,” says Lily.

Lily described the barriers that students face in seeking the support they need. In the same way that a wheelchair user may physically struggle to reach the location that will offer them support, a person with ADHD might struggle in the same way to submit proper applications and documentation for the accommodations they need: “the supports people need aren’t actually accessible to the people who need them”.

There seemed to be a dual reality for many of the participants, as they described the emotional safety they required to just “be themselves” in their

There's no security whatsoever [as a contract college teacher], and it's easy to put in more time than you get paid for... That's all I do. Work all day. I'm just stuck in this hamster wheel of working and falling further behind because I don't manage it properly. (Daisy)

I miss it so much [teaching], I really do, but the stress is just not worth it... it's not even worth the good feelings I had. (Lavender)

I can't find the accommodation or the support that I need, but I've spent this entire semester accommodating you [the students] and I don't even know if I'm going to get hours next semester. (Lavender)

Nowhere in any of that [college training materials] are teachers taught how to teach different types of [learners]... Like, properly trained [full-time] teachers are taught [how to teach]... but not the riff raff [of instructors] they bring in to teach sessionally... I, myself, being the riff raff! (Lily)

Teachers need way more training on how to teach these diverse thinkers. Ultimately the whole education system itself needs to change and the way teachers are trained needs to change. ADHD is real. It's more prevalent and more diagnosed. (Marigold)

The system isn't set up for anybody who is neurodiverse... or anybody that learns differently... And then you're adding behaviours on top of that... we're supposed to integrate them [all students] as much as we can with the rest of the class... But last year, I didn't really have the opportunity to check in, one-on-one, with [neurodiverse] kids because somebody was punching somebody over here, and somebody was throwing a chair over there... I was being pulled in 10 directions... I would get totally lost in what I was even trying to accomplish in the first place.” (Marigold)

Sub-theme II.II: All-or-Nothing and the Boom-Bust Cycle

*“It'll be going great. I'll be doing really great and everything's great... And then I f***** burn out and I crash and I have to quit the job, like, that week... My mental health is f*****, my physical health is f*****... I have to crash. I have to go into hiding for months at a time... The 'boom-bust' cycle... All I have ever known is the 'boom bust'... I'm doing great, I'm achieving... and then, I cannot. I cannot do work... I cannot answer to authority. I cannot need to be at a certain place at a certain time.” (Lily)*

All participants described dealing with all or nothing, black and white thinking and it showed up in multiple forms: perfection vs procrastination, hyperfocus vs dissociation, people-pleasing vs. self-isolation and rejection sensitivity, job euphoria vs total despair, emotional resilience vs emotional burnout. Participants described repeated cycles of overextension followed by emotional or physical collapse. Many attributed this polarity to the deeply internalized pressures of “shoulds” with early programmed messages about what success, productivity and self-worthiness looked like, but would punish themselves if they couldn't meet their own expectations or the perceived expectations of others. Participants spoke of pushing through physical and emotional warning signs to “prove” something, or their hyperfocus would have them ignoring bodily cues such as hunger and fatigue: “I could be thirsty for hours, but I don't get up even though the water's like, right there,” says Daisy. As a result, some participants would eventually injure themselves through repetitive strain: “repetitive strain injuries, because I work to the point of pain... I've had multiple different kinds of illnesses. When I was a designer, it was my back and neck. When I was an architectural illustrator, it was tendonitis... Eventually, I developed IBS, once I became a teacher, from stress” (Daisy). For some, this toll over time led to nervous system dysregulation, extended medical leaves from their jobs, resignations, even hospitalization. Still, most had normalized these experiences for years, until a major shift, breakthrough, or crisis forced them to confront the unsustainability of their struggles. These “boom-bust” patterns as Lily called them, were often cycles driven by a fear of failure, internalized stigma, people-pleasing, and trying to

"I wish I could just scale back and tell myself that I can never do it all. As someone who is a perfectionist, I like to feel like I'm making an impact."

- Marigold

couch... [These days] I have so much free time, but it's not in the sense of the amount of time, [but] the energy... Because I have one job to focus on [now]. I still get my zombie moments, don't get me wrong. Like if I have a crazy hard day at work full of meetings, full of deadlines, I'll still zombify on the couch, but it's different... 100% I have more capacity. (Lavender)

As for burnout, I always thought that I thrive in chaos because I do better when there is a lot going on but also, that's not sustainable to do long term. Now, it's about recentering myself, and grounding myself... When I'm overwhelmed or when I feel burnt out, I ask myself: 'what is the point, here? What am I here for?' (Marigold)

I would just get so into it, whatever I was doing... I would just work, work, work, work, work... but there are these little lulls where you can go, 'OK, I need to crash and reset right now.' (Daisy)

This all-or-nothing thinking contributed to shame and self-blame, but many also attributed their black-and-white thinking to their turning points in self awareness and compassion, often triggered by a diagnosis, parenting or health issue. Black and white thinking is what helped them reframe their mindset. With awareness and reclamation of their needs, their black-and-white all-or-nothing thinking supported the implementation of sustainable boundaries, lifestyle changes, mindset shifts and self-compassion. Rose went from burning bridges with friends and being the class rebel to turning her life around and eventually becoming student body president at her school. Lavender went from being emotionally and psychologically abused by her church and her mother, and eventually her all-or-nothing mentality helped her break away from both. Marigold describes her all-or-nothing thinking as the super power that can allow her to show up for people. "[I] like exceeding their expectations. I can cook you this. I can plan a trip for us that will be fantastic... Or like, you know, planning bachelorettes or weddings or whatever. I'm your girl for all that stuff. I will get stuff done. I will plan my wedding by myself in 30-something days. Like that kind of stuff.

meet the standard of societal and institutional expectations, such as the education system, unhealthy work environments, motherhood, and financial and tax related (CRA) overwhelm.

Some other examples of black-and-white, all or nothing thinking include:

I'm cleaning this whole thing [in one go] or not doing it at all. I'm gonna finish this whole paper [in one night] or I'm not doing it at all... I'm only gonna do it under the most perfect circumstances... In my mind, if it's not done, then it's not a success because it's not finished... I don't want to start [a project] if I know I don't have time to finish it. (Marigold)

I'm never bored... It's exciting, but there are these little lulls where you can go, 'okay, I need to crash and reset right now.' (Daisy)

Okay, so, free time in the past was zero... My free time was being able to be a zombie on the

But then don't ask me if I put my laundry away. So it's about the "what other people see in me". So they'll say

like, “oh, you have it all together... How do you do all this stuff... I don't have time for this stuff”. I'm like, “well, you should see my home... Your house is spotless and my house looks like a dumpster fire”.

While insight and self-awareness are crucial to participant success, they all agreed that environment matters; systemic demands require meaningful institutional change.

Theme III: Pedagogy Rooted in Lived Experience

Participants' personal histories of perceived exclusion and frustration became their source of pedagogical strength and resilience in their teaching practice. Their empathetic, dynamic, and student-centred teaching practices often challenged traditional norms, with many describing teaching in ways they wish they had been taught; however, tension between systemic limitations and neurodivergent tendencies also emerged. At times, passion and innovation lacked the necessary scaffolding, tolerance for difference, collaboration, consistency and clarity. This theme explores the balance needed to cultivate self-awareness without self-erasure, and embrace classroom autonomy without feeling isolated or left to navigate the system alone. Addressing the rigidity and stigma embedded within institutional systems while also encouraging an honest reckoning with one's abilities, limitations, and impact within a shared collective and professional space remains an important and overlooked gap in the pursuit of more inclusive educational institutions.

Sub-theme III.I: Teaching as They Wish They Had Been Taught

Four out of five teachers never anticipated becoming teachers. Marigold, the elementary school teacher, says that it “was the path of least resistance” to appease her parents at the time of choosing a career for herself. Lily describes going into teaching because she really wanted to challenge herself– she knew she would like teaching but underestimated how draining and terrifying it would be to speak up in front of a whole classroom. Lavender was recruited by her former teacher and boss, and Daisy learned she preferred teaching when the administrative and emotional demands of interior design became too challenging to maintain. “Learning should be fun,” says Rose, who describes the dynamic, improvisational structure of her classroom environment. “It's a lot of movement in class. Like the kids are rarely sitting down and taking notes... We're writing on the walls, writing on the desks. We're moving around the desks all the time, doing a lot of group work, doing a lot of talking. A lot, a lot, a lot of talking.”

All participants described teaching as healing in a way that reshaped their experience of past disconnection and shame. Possibly because of their lack of training, and left to their own devices, participants' own experience with education helped shape how they showed up in the classroom now as educators: Lavender “would always think...what did I want my teacher to do? In this situation, what could my teacher have given me?... [what was] the support that I needed?” Daisy shares, “I'm trying to make up for my childhood [by helping] other people. I didn't get what I needed... [but] I can help you get what you need.” By sharing her ADHD with her students, she says, “my hope is if I'm open with the students, they might feel more open with themselves and each other.”

Rather than relying solely on formal training, which most say they've hardly received at all, even the two participants who went through teacher's college drew on lived experience to design learning environments that prioritize creativity, connection, and empathy. Almost every participant described teaching in a manner that they would have benefited from as a student, centering on autonomy, emotional safety, inspiration, authenticity, and responsiveness. Still, the role came with some serious emotional costs.

Despite this, all participants saw their neurodiversity not solely as a deficit, but as a unique strength through which they could connect on deeper levels with their students and foster more inclusive learning environments. Through more awareness and institutional support and recognition, many believe the role of teaching could be

more sustainable.

Sub-theme III.II: Adaptive, Empathetic and Neurodivergence-inspired Practices

Participants' neurodiverse lenses allowed them to lean into strengths like pattern-recognition, problem solving, creativity, deep empathy, humour, context, and real world application: "I love that I'm really creative. I love that I can see all kinds of connections really rapidly that other people don't see... I have some superpowers, I really do... In teaching, it can be good to be energetic, it helps keep your crowd energized," says Daisy. As for Rose, she says, "My ADHD helps me think outside the box... it always makes me try to do things differently." Rose built her entire classroom around collaboration and making learning "fun", because she hated school growing up and never felt academically challenged. For Marigold and Lavender, they prioritize connection and making each student feel seen and heard and important. Daisy says, "working with kids and youth is what keeps me [in teaching], and that is what keeps me going... the connection with kids... I'd rather kids have somebody real. Have somebody that they know they can count on." For Lily and her inattentive-type ADHD, it was really important for her to bring "context" into her classroom because she wanted to spark inspiration and help her students make connections to real world issues: "I really like learning... I like the ideas around learning and how learning works;" however, she also describes the difference between enjoying learning and "being a 'good student,'" especially today after the COVID-19 pandemic: the concept of "being a 'good student' – it's just a set of skills. It's behavioral! It's constructed and it's learned." Instead of threatening, punishing and shaming students for lacking those skills, she wants to see a shift towards transparency and skill-building: "It's not about putting them 'in the box', it's about 'pointing out' the box." Daisy never felt good enough in school and describes always "playing it safe" with her course selections in high school. She is dedicated to generating "breakthroughs" for her students by spending lots of one-on-one quality time with them and helping them improve and succeed. "Don't say 'I can't be an architect because I didn't learn how to do 'that thing'", she says, "find the right teacher to help you... So, it kind of satisfies the thing I wish I had, right?" She also emphasizes, "I think I like teaching because I can just be who I am." As for accommodations, Rose likes to be inclusive: "What I try to do is offer accommodations to everyone no matter what... if that is helping one person, then it might help anyone in my class, right?"

In reimagining learning through a neurodivergent lens, participants sought not only to accommodate difference, but to humanize education itself, by humanizing themselves as teachers.

Sub-theme III.III: The Confluence of Systemic Limitations and Neurodivergent Propensities

While this profession allowed for personal redemption, for some participants, pedagogy and ADHD tendencies sometimes worked at cross purposes. Sometimes the more unconventional teaching styles created barriers for both students and colleagues, for example, Lavender wondered whether "maybe the way I built out my exercise sheets didn't work for some students because I built them as a neurodiverse person, thinking 'What would I need?'. Another example, Rose, the high school teacher and department head who thrives in improvisational settings, says, "sometimes I have to sit down with new teachers and explain to them how we do stuff, and I don't have anything to give them! I don't have any documents, I don't have a binder because everything is in my head." When asked if she has received any negative feedback from her colleagues on her team, she says, "No. I don't know if they're just too afraid to tell me. They might be." She admits that while she is not the most organized, she has high standards for herself and always finds a way to meet her deadlines, yet grows frustrated when others don't meet theirs: "One thing I know I have to work on [is] when people can't do things, I just do it myself, and I kinda brush them off. So I sound like a bitch... like 'this is my way to do it and you can figure out your own way. 'I know it sucks,'" She admits, "I know I should be able to help [her colleagues] more."

Additionally, both Lavender and Daisy described sending emails and class announcements that are three times longer and/or more frequent than those of their colleagues'. Marigold, Lavender, and Daisy also reported spending

an excessive amount of time grading assignments or preparing report cards, which delayed them or took them far more time than what they observed in their neurotypical colleagues. This level of detail is not explicitly something that the system is asking them to do; however, in their view, this attention to detail and equal attention dedicated to all students are non-negotiables.

Perfectionism and overinvestment seemed to stem from a need to manage their own anxiety, avoid criticism and over correct perceived deficits in the teachers themselves. Individuals with ADHD, including these participants, tend to gravitate towards fairness, personalization, and accountability. This propensity can sometimes blur the lines when it comes to prioritizing the needs of students. If these tendencies are traced back to a system that, for one, originally excluded them, but now states that “all students must be accommodated individually”, without offering adequate structural support, then it makes sense that neurodivergent educators might internalize and enact this ideal with the most intensity and at a personal cost, compared to their neurotypical colleagues. It also leaves them susceptible to “misreading the room” even with the very best intentions.

While these participants’ efforts reflect admirable dedication and empathy, they could also disrupt collaboration, obscure accountability, or isolate peers. The challenge would be not to temper passion and innovation, but to ground it in self-awareness, relational sensitivity and system-level support. Support does not imply an absence of progressive collaboration and constructive criticism, it requires honest conversations about limits, accountability, collective needs and shared responsibility within an imperfect system.

Some other quotes that reflect this sub-theme include:

I don't know how much of how I function is ‘the work around’... versus how much is ‘the masking.’ (Lily)

The whole, “leaving it to the last minute to do report cards” thing again... I used to tell my principal: ‘I know I’m always late. The report cards are going to be late, but you won’t need to make corrections [because they will be perfect]. (Marigold)

Theme IV: Reimagining & Reclaiming Success, Self, and The Future

"I'm not looking for [capitalistic] self-improvement... I'm not looking to be a better cog..."

-Lily

The last question asked in the interview was “where do you hope to see yourself in ten years, both mentally and physically?” “I really hope that within ten years, I can get past this obsession with pleasing [others],” says Lavender. The answers across the board were unanimous in that participants hoped to shift towards calm, balance, authenticity and emotional safety, allowing them to show up unmasked and still feel loved, appreciated and “highly functioning” in the areas they thrive without those qualities being completely undermined by the things they struggle with. They also hope to be more accepting versions of themselves. Society’s current solutions for ADHD involve “hacks” and ways to help them fit into society better. But a few participants are rebelling against these societal expectations and expressed not having any interest in “ADHD hacks” or making their life more “ADHD proof.” “I’m not looking to ‘up’ my productivity... You can

take your productivity and shove it!” Lily is not holding back: “I’m not looking to do a better job at ‘capitalism’ right now, and this is a privileged position to be in, but at this moment, I’m not looking for [capitalistic] self-improvement... I’m not looking to be a better cog...” A few participants expressed a shared desire to redefine success beyond the traditional metrics of productivity, performance, and work ethic to justify their worthiness and abilities.

*“I don’t know if I’m brilliant, but ‘I don’t need to f***** be brilliant’... is the thing I’ve only recently discovered! ‘Lazy’ doesn’t exist. ‘Lazy’ does not exist. I am unlearning every day to let go of the shame of ‘laziness’ that I think so many ADHD people carry around.” Lily goes on to say, “this is just the way your brain works... you can build systems that help you function instead of forcing your brain to be something it’s not.” (Lily)*

After years of internalized pressure and overfunctioning, several participants are seeking lives that feel sustainable rather than impressive or chronically “hard.” What they want is the reclamation of learning, leadership, parenting, and identity on their own terms. Lily shares her protective parenting stance over her son: “I will be damned if our home and the way our family functions is going to create another barrier for him...” Lavender is a participant who didn’t grow up with that same kind of self-awareness in the family home. For her, peace and reclamation now come from enforced boundaries she has set between her and her mother; fear of being like her mother is enough to motivate her to act differently and take better care of herself.

While participants have not all fully arrived at a place of full self-acceptance, they all shared a longing for the ease and enjoyment that emerge from systems that nurture rather than suppress their potential. Pressure does not seem to be the root issue for these participants; in fact, these participants are more than capable and many thrive in environments that ask them to problem solve, create, and adapt. The anxiety appears to spring from the inability to self-regulate and find balance. This stress is compounded by systemic environments that are not suited or equipped or even care about helping these neurodiverse individuals thrive. Lily describes her chronic pain as “the stress of having to function, and having to mask and having to cope in an environment that was just not working for me.” This theme calls for a cultural and institutional change, one rooted in reimagining what it means to “thrive;” institutional contexts can play a significant role in making that distinction.

Some more quotes that reflect this theme include:

My brain is just ‘braining’ and I’m not alone... There are many of us, and we [neurodivergent people] are essential. We are essential to the survival of our species and we are an important part of why there is art and culture and innovation and ingenuity. The way our brains work does so many wonderful things! (Lily)

I know who I am and what I believe in, but we’re misunderstood. (Marigold)

They say: ‘you should be able to do this– There’s something wrong with you if you can’t do that’... But we don’t all have to be accountants! I think all of these different types of brains and ways of being are ways to satisfy the various needs of a community. I think it’s problematic the way our culture lives and the way we’ve designed the world around neurotypical people, because I think people are more diverse than we realize. People just hide it. (Daisy)

I think people need to be accepted and supported. That’s what I would like... If neurodiverse students could be accepted and supported. And I’d like if teachers could be too. (Daisy)

4.3 Key Informant Insights

To provide institutional context for this study on late-diagnosed women educators with ADHD, a key informant interview was conducted with an educational developer at a large Ontario college. Three themes emerged that were relevant to the study: unequal access to faculty development, limited awareness and support for neurodivergent educators, and the potential impact of Universal Design for Learning (UDL). These themes reflected the insights and pain points of the three primary college participants.

4.3-A Structural Inequities in Faculty Development Access

Although faculty development programming is technically available to all instructors, the key informant acknowledged that “everyone has access... but part-timers are not always given the time or the funding to access [it],” whereas full-time faculty receive more allotted time and resources for professional development, including access to a two-year teaching course. In contrast, part-time and partial-load faculty, who make up the majority, must rely on self-directed learning and navigate mostly online offerings. “Our website could do a better job of saying what’s out there,” the informant admits.

This discrepancy in access is particularly relevant when considering the precarious nature of academic work and how it compounds barriers for neurodivergent instructors. The lack of systemic support perpetuates a cycle where only those with enough job security, can meaningfully engage with professional learning.

4.3-B Trends in innovative learning: Generative Ai and UDL as a Student-Centered Framework

Generative Ai and Universal Design for Learning (UDL) were identified as the two most prominent trends shaping faculty development. The informant described UDL as a proactive framework that “can be applied whether you’re designing a lesson, a course, or a program.”

The informant emphasized the value of offering multiple options for students to demonstrate their learning, such as written papers, presentations, and/or creative projects. “You’re not really reducing the expectations or the rigour of the course,” they noted. “You’re just thinking about the multiple ways students might want to demonstrate their learning.”

Despite the potential to reduce workloads through fewer accommodation requests, many instructors, especially those with ADHD, may still find the cognitive load of upfront planning overwhelming especially without the proper scaffolding.

4.3-C Silence and Stigma Around ADHD in the Teaching Profession

The informant had never had a colleague disclose ADHD to them in a professional capacity: “No one has ever come to me and said, ‘I’m ADHD and I need help figuring out how to do my job.’” However, the informant notes that if there was enough interest on the topic, the informant could request approval to design a workshop on how to support educators with ADHD, but the lack of visibility makes it difficult to justify institutional programming. “There’s a bit of a divide between people who are believers and supporters [of people with ADHD] and people who are kind of non-believers... so it’s hard to know.” The informant recognizes that it could be challenging for a colleague with ADHD to disclose their needs to their manager or peers, but the informant also shares that their department probably wouldn’t be the first point of contact for a teacher looking for that kind of support.

4.3-D Personal Experience as a Catalyst for Awareness

The informant's understanding of ADHD has evolved due to the diagnosis of two close personal relationships. These personal connections, combined with increased social media visibility during the COVID-19 pandemic, shifted their perspective beyond the stereotype of "hyperactive children." They shared: "I've watched them struggle in different ways, both personally, academically, professionally," and reflected on how adult ADHD symptoms can profoundly affect "day-to-day living." They went on to say, "I hear [about ADHD] not really from the perspective of a peer as a professional, but as someone who has people really close to them in their lives that are going through this."

4.3-E Conclusion: A System Ready for Visibility, But Not Yet Designed for It

The key informant interview confirmed many of the pain points shared by the college participants, as well as the literature. It highlighted a growing awareness and openness to universal design for learning and the informant hopes their department can be a safe space for people to come and ask for support; As they noted, "The more visibility there is, the more likely that people will feel comfortable talking about the issues that they're struggling with." Currently, the institutional burden rests heavily on the individual, and while the potential to build inclusive structures exists, the infrastructure to support educators, particularly those with ADHD, appears to be underdeveloped and under-resourced.

"One of the major issues in teaching at large is 'burnout' no matter who you are and how high your [level of] executive functioning [is]... workloads are really intense... The question around work-life balance just generally has always been one that's not really well answered... that has evolved into [the question of] 'how do we support faculty mental health?'... With something like ADHD, that's just another level of people who are trying to grapple with this already overwhelming workload and work-life balance."

By framing ADHD solely as a mental health issue rather than seeing it as a possible systemic one individualizes the problem and undermines the promise of Universal Design for Learning. Without structural reform, the burden and responsibility remains on teachers, which perpetuates both stigma and burnout.

CHAPTER 5:

Discussion

Daisy

"It's lovely to be this ray of energy and positive [influence] on students' lives, but it's also kind of exhausting, you know? It's made me sick a couple of times over... I've crashed and burned in my careers multiple times because of working myself to the ground with significant back problems, tendonitis and then IBS... I was on disability... Lots of relationships– dead. It's a challenge, for sure. But I've also made some amazing and exciting things in my life– [I've] done all kinds of amazing stuff in my life. I went to college. I went to university... I did those things! I lived in Paris. I worked in Paris. I lived in Italy. I built a summer [art] camp out of nothing. I've helped people get into the top schools all over the world. Yeah, it's pretty cool. I've designed buildings all over the world, like, I did that! And I raised an amazing kid.

So, it's all good– you know?"

ON THE PROS & CONS OF HER ADHD

5.1 Summary of Study & Findings

This study sought to better understand the unique challenges faced by female educators with ADHD (both diagnosed and undiagnosed) in the hopes of providing recommendations to institutions and policy makers on how to reduce the stigma and stressors faced by neurodiverse professionals. The dual roles played by educators as both teachers of students with diverse learning needs and as societal role models make them ideal subjects for this study. The scope was reduced to female-identifying educators only to help address the gaps in research on women with ADHD.

Throughout the semi-structured interviews, participants either intentionally or unintentionally touched upon paradoxes of identity, masking, and rejection sensitivity, all factors that challenged their sense of authenticity, autonomy, and the ways in which they navigated ableism. While each narrative was unique to each participant, cross-sectional themes emerged involving the complicated relationship between identity formation, systemic pressures, and pedagogical values. Lingering self-stigma highlighted a contrast between diagnosis, lived experience, and social invalidation. Educational systems across the board (elementary, secondary, and post-secondary) were seen as unsustainable and outdated. Participants described cycles of burnout, and, because of their unique experiences in the past as students with unnamed ADHD, they now take pride in their ability to connect and empathize with their struggling students, while, at the same time, struggling themselves with self-advocacy, all-or-nothing performance patterns, and self-regulation. Most described teaching in a way that would have benefited them as young students. Ultimately some participants are reclaiming their definition of success and personal identity. Further, they are envisioning a more inclusive, more humanized future on their own terms, creating sustainable learning environments for both students and the ones who teach and guide them.

5.2 Interpretations

The findings from the five participants in this study far exceeded expectations and offered highly valuable insights. What started as a plea for greater awareness and understanding of adult ADHD, with the intention to generate accommodation recommendations for institutions and policymakers evolved into a clear, eye-opening realization that these women are profoundly capable. Most of their struggles do not stem from personal shortcomings, but from navigating societal systems that were not built for them and often shames them for not keeping up with neurotypical standards of pace, productivity, and structure.

This is neurodiversity in action: some are intrinsically motivated by external factors. Some are super passionate and eager to perform, produce or please, whereas others are motivated by novelty, and when this wears off, they need a little more pressure to help them get the job done, but when they do, they are highly successful. As teachers, these participants have an ability to connect with students, discern patterns, transfer knowledge, and think on their feet which is a huge asset to students and classrooms, often resulting in accolades from students and parents.

We have created in society and more specifically, in our education system, certain contradictions or paradoxes about neuro-diversity. At first glance we appear to have made vast gains in the support of our students who struggle in traditional school settings. We have created a language of accommodation, empathy, and support over several decades and are now facing a shrinking ability to meet the needs of neuro-diverse students who are growing in number due to earlier intervention, emerging technologies, and social media, as well as the push towards student-centered learning. According to the Canadian Centre for Policy Alternatives (CCPA) the general outlook in Ontario suggests we will be less and less likely to adequately fund public education. The province is currently running broad and ever expanding deficits, class sizes are at capacity to mitigate cost, with few program grants in sight. Infrastructure is in a constant state of deterioration and governments are turning to online learning

with high school students now mandated to have at least 2 online courses (out of 30 required in the diploma) by the time of graduation. Online courses mean less money for actual students sitting in live classrooms, fewer elective offerings and a general watering down of the emotional support and care students need more and more in school beyond basic expectations of academic learning. As stated in the literature review, the CBC reported nearly 10,000 layoffs in Canadian colleges in the last few months, as well as cuts to accessibility and support structures (OPSEU Local 562 petition). For college educators, especially those with ADHD whose emotions are intensified, this kind of unpredictability and chronic overextension can amplify executive dysfunction, emotional dysregulation, and burnout, which often requires masking, hypervigilance, and overcompensation. This reflects the findings from the study as well as research into Lindsey Makereth's Article (2025).

It is commonly understood that teachers are the first line of defense in a school system hard-pressed by the above deficits and challenges. Given what we have learned about the expanding prevalence of ADHD in the general population (Trends in Prevalence, 2023), it is fair to assume that more and more teachers are and will be placed in a position to educate more and more neuro-diverse students in more and more chaotic, under-resourced learning environments. Today's female teachers, as exhibited by the participants in this study, are the very products of a school system that assumed only boys suffered from ADHD (Trends in Prevalence, 2023), and not that long ago. Because ADHD in girls can more often be internalized, resulting in behaviours that may have profound effects on the individual but not the overall tone of the family or classroom, the symptoms are often more subtle and difficult to identify (Kinman, 2016). The symptoms in girls may not be externalized and detrimental to classroom functioning, but they are no less devastating, especially if left untreated due to lack of recognition, diagnosis, and treatment. Boys diagnosed at an early age had a label, something to blame for what was happening to them. Girls traditionally have been left to wonder what was wrong deep inside them, finding ways to deal with symptoms that often manifest as anxiety, depression, eating disorders, and even bipolar and other mental health challenges (Low, 2023).

I (the researcher) employed narrative analysis to conduct semi-structured interviews with participants Rose, Lily, Daisy, Marigold, and Lavender (pseudonyms). The data collected from these interviews reflect the literature reviewed and demonstrate the very specific challenges of an overlooked demographic who selected teaching as a career. The key informant who was interviewed also confirmed the study's findings and literature by sharing the trends in education, such as emerging technologies and Universal Design for Learning, as well as the limitations of professional development for contract college teachers. The majority of teachers are women (Statistics Canada, 2025) and a reasonable percentage of these educators are likely to be neuro-diverse, specifically women with ADHD. For many people, including the neuro-diverse, teaching has its draws: it is dynamic, offers job security, a structured environment, familiarity, and a way for compassionate, empathetic people to build community and find purpose in helping others through leadership and mentorship. The participants in this study are women whose lived experience illustrates the effects of the ways in which unrecognized or untreated ADHD can manifest in people who are left to their own devices coping with a neurological disorder, and in these cases, comorbidities, from childhood into adulthood.

The trials and challenges expressed by these participants illuminate the duality that highlights their common experience. Where all human experience encompasses a wide range of emotions, themes, joys, and afflictions, these participants appear to exist in states of conflicting extremes, yin yang, push/pull, fight or flight, "too much and not enough"-- survival mode, and these extremes pave the way for emotional and career related burnout, especially in systems that neglect to support them. Irony exists in their mandate to accommodate all students, differentiate instruction for the neuro-diverse, and provide a soft landing for students, who, like them, could easily fall through the cracks. The question becomes: who is empathizing with the empathizers, who is supporting the supporters, who is accommodating the accommodators? Most important, who is grasping and harnessing the amazing potential of neuro-diverse teachers to assist with the challenges of a world on the cusp of handing over the system to artificial intelligence? If educators are the first line of defense in an increasingly under-resourced,

rapidly changing system, could there be an opportunity to utilize the strengths that emerge from their differences?

Many of the participants indicated a desire to be the teacher they never had; to show up for students in ways that help them not just cope with their differences but harness the “super powers” that come with them. These include non-linear, divergent thinking and problem solving, pattern recognition, the ability to use their passion to inspire intrinsic learning “buy-in” by bringing context to their students. Lily, for example, fell in love with learning when she discovered the world of theory and history had context in the real world. Rose wants to make teaching fun. As the classroom rebel in school, she became the teacher, relocated the desks and chairs she couldn’t tolerate as a student and allowed students to learn through movement and discussion. She sees the teacher as not the enforcer but as coach or mentor. She imagines a supportive network where teachers are not responsible for every aspect of someone’s learning but as co-learners and co-facilitators of the learning process. She wants to prepare students to become adults facing the revolutionary new workforce that looms ahead of us. “We are getting mixed messages from the ministry, the school boards, and even from parents who don’t know any different than what they experienced themselves...the kids are living in a completely different context, socially... and we are just not addressing that difference at all.” She hopes that those students with diagnoses can do “everything and anything and not feel different;” however she believes that in the system’s current condition, ADHD should be included in DEI [Diversity, equity and inclusion] efforts until things improve.”

Participant Daisy, because she grew up feeling inadequate in a math-oriented family, became a cheerleader for her students and took pride in guiding them past hurdles. She regrets not attending architecture school because she didn’t have math so she guides and encourages her students to pursue their passions, not just what they are good at. She says, “Just learn how to do it. Find someone who can teach you how. Don’t say ‘I can’t be an architect because I didn’t learn how to do that’. Find the right teacher to help you... It kind of satisfies that thing I wish I’d had...[someone who believes in you].”

While it’s true that institutional structures are often inflexible and rooted in performance-based expectations, some of the participants in this study also impose high, almost unachievably high demands and expectations on themselves, expectations that far exceed what is technically required of them.

For example, two participants described writing excessively frequent, long and detailed emails and class announcements and an additional few others described spending significant amounts of time hyper fixating on individualized grading. These teachers experience and feel a deep sense of responsibility and care for their students. If we trace it back to a system that says, for example, “all students must be accommodated individually”, neurodiverse brains, in some cases, are more likely going to take that seriously and literally. They are going to want to have an impact on every student, perhaps more so than their neurotypical colleagues who might interpret such directives more pragmatically, being able to compartmentalize and regulate their tasks and emotions better without taking these expectations literally and personally. Without tools and parameters to support and recognize neurodiverse teachers, their efforts become unsustainable or self-sacrificing, potentially leading to the burnout of “boom-bust” cycling. As many of these participants were not supported earlier in life, they may not know when they are overextending themselves and therefore might not be able to pick up on bodily cues or pull themselves out of hyper-fixation until they’ve pushed themselves way too far. The findings reflect the research described in the literature reviews section “2.2-D: Hidden Costs and Biological Health Impacts.” For example, the chronic pain described by participants reflects the research, especially the Swedish study by Asztély et al. (2019) who investigated the short and long-term health consequences of underdiagnosed ADHD in women. Among a study of neurodiverse women, 77% reported chronic pain and 32.5% experienced chronic widespread pain, potentially linked to psychosocial stress, emotional dysregulation, and comorbid conditions like anxiety and depression. Three of the five participants shared their experiences with chronic pain and illness.

The system has not adapted to supporting teachers in the same way it accommodates students, let alone

neurodiverse teachers. So the question becomes: how many more caring, capable and innovative educators are we willing to lose over burnout and other mental health issues, before we address the root cause? Real and meaningful education reform cannot be solely student-centered, it must also be teacher-centered. This means not only supporting teachers through mental health efforts, but addressing this from a systemic angle, by investing in adequate pedagogy training, emerging technologies, and developing structures, systems, and safe communities that proactively set them up for success and help them thrive, so that they can sustain joy and productivity in their work, with enough emotional and physical capacity to guide their students.

The results of this study reflect research outcomes which indicate a steady incline in the incidence and diagnosis of ADHD on a global scale, the impacts of which are felt most heavily in classrooms and school settings. The reasons for this, as related in this study, are myriad, and it is easy to extrapolate an escalation of this trend moving forward. Increased mental health concerns in youth, parents, and teachers are leading to more therapeutic evaluations. These evaluations lead to more ADHD diagnoses which eventually fall into the hands of educators who are expected to deal with the classroom effects of ADHD in their students. While ADHD is not a learning disability, the effects of ADHD definitely show up on students' Individualized Education Plans (IEP) in the form of the impacts on global skills such as ability to focus, emotional regulation, and impulse control issues, among others that affect the ability to keep pace in the classroom.

Most of the ADHD 'disadvantages' found in this study stem from structural and systemic shortcomings. To reduce and shrink these disadvantages, the entire system must expand its capacity to support and destigmatize diverse ways of working and thinking. The goal is to prevent people from being worn down simply by trying to function within a system that does not include them. What challenged participants in one context often reflected the same traits that made them exceptionally gifted in others. As a culture, we need to deepen our understanding of these non-linear, unconventional ADHD strengths and create emotionally safe educational and work environments where such gifts are recognized, valued and supported, and where challenges are met with compassion and openness, rather than guilt and shame.

5.3 Limitations

While the scope for this study was intentionally narrowed to the experiences of female-identifying educators with ADHD, several limitations must be acknowledged:

1. The small participant sample size along with similar cultural ethnic and geographic contexts limits the transferability of the study's findings. A larger study may seek to gain greater cultural and socioeconomic data and would benefit from a more intersectional sample.
2. While this point should not negate the validity of participants' diagnoses or understanding of themselves, it is worth mentioning that most of the participants' formal diagnostic methods varied between family doctors and psychologists without the neuropsychological assessments that are typically more comprehensive. While these methods are still legitimate and recognized, they could still raise questions about the diagnostic consistency across participants. One participant has not been officially diagnosed; the decision to include non-diagnosed individuals was part of the recruitment effort to prevent gatekeeping.
3. Despite all participants reporting having struggled in specific academic subjects, like math and science, many participants appeared to have been academically "gifted" in educational settings. They did not report any co-occurring learning disabilities like dyslexia, auditory processing, dysgraphia etc. Their experiences do not capture the full range of challenges of individuals with more complex or less academically inclined ADHD profiles.

4. The recruitment nature introduces potential bias. Despite broad recruitment efforts through the distribution of flyers, the participants selected for this study were already known to the researcher either as old colleagues or personal connections, and were invited to participate. Some were invited based on previous conversations about ADHD, and a couple had heard about my study and expressed interest in participating. It is worth mentioning that their openness and willingness to share, could stem from inherent trust that was already built through existing relationships and should not represent the perspectives of educators who are less confident or willing to discuss their neurodivergence. More ethical considerations are included in the ethics section.

5. Lastly, the nature of this study is qualitative and subjective. These interpretations provide valuable insights, but the results should not be generalized. Instead, these findings should be used for broader research initiatives.

There is much room for future research that includes more intersectional and cross-cultural perspectives on ADHD educators and education in general.

CHAPTER 6:

Conclusion

This study began with a question:

How can we more deeply understand the unique challenges faced by female educators with ADHD (both diagnosed and undiagnosed) in ways that reduce the stigma and stressors they face, particularly given their dual role as both educators and societal role models responsible for teaching and mentoring students with diverse learning needs?

The most pressing and exciting discovery that surfaced from the study's findings was that as a society we need to reconsider and re-define success, inclusion, and care in education and professional work environments. These participants are not just teachers with ADHD, they are so much more, and they deserve to be not just tolerated or accommodated, but considered, included, supported and accounted for. What emerged from this narrative inquiry were stories of contradiction, creativity, burnout, brilliance, and deep emotional labour.

Across four main themes and multiple sub-themes, this research revealed that ADHD, especially when diagnosed in adulthood, is not simply a clinical condition that needs mitigating and tending to, but an embodied, social, and cultural experience. Participants shared stories of masking, misdiagnosis, internalized ableism, lingering self-stigma, and disillusionment with systems that they spent their lives dedicated to measuring up to. These are the systems who pride themselves on "inclusion" while upholding rigid, neurotypical, bureaucratic expectations and norms. Within their own personal struggles from childhood, they have transformed their lived experiences into pedagogical tools and some are now redefining productivity, and reclaiming joy on their own terms.

Despite participants' challenges, these findings also challenge traditional deficit-based narratives and offer new ways to understand ADHD as an identity that is both shaped by, and resistant to, traditional expectations. Inclusion cannot be meaningful unless educators themselves are included in the conversation, not just as implementers of UDL, but as fully human participants in the learning ecosystem.

This research contributes to the growing field of inclusive design by amplifying the voices and lived experiences of late-diagnosed, neurodivergent female-identifying educators. This study disrupts the focus on student accommodations to ask: Are there female educators with ADHD, and if so, what do their experiences look like? It adds depth to ongoing conversations around UDL, showing that without teacher-centered reform, inclusive design remains performative. It highlights the emotional labour of masking and the internal conflicts that arise when neurodivergent educators are forced to silently navigate policies built for standardization. The findings from this study help to validate a need for reciprocal UDL through implementing an approach that includes both learners and teachers as whole, supported individuals. The section below also addresses the study's recommendations, and proposes ideas for future research.

Listed below are some key recommendations informed by the study's findings. These recommendations are suggested for institutional, organizational and educational policy makers, as well as research and advocacy groups. These insights were built upon the study's findings and seek to contribute to more inclusive, responsive and supportive environment for female neurodiverse educators, while contributing to more general conversations about identity, equity, and systemic reform and change in education and professional environments.

6.1 Recommendations:

Based on the study's findings the following recommendations seek to support neurodiverse educators by addressing the systemic challenges they face and promoting environments where their strengths can thrive:

Institutional Support & Policy:

- o Educational reform must extend beyond student-centered strategies to also include the needs and experiences of teachers. Reforms aimed at improving student outcomes should run parallel to reforms that support those who are responsible for educating these students.
- o Prioritize neurodiversity awareness in school leadership training to encourage a more supportive work environment and reduce stigma for everyone around neurodivergent experiences.
- o Efforts to eradicate stigma around neurodiversity should be prioritized by creating systems and environments for neurodiverse individuals to hone in on their gifts and be supported in the areas they struggle with, and for everyone to build more tolerance and capacity for diverse thinkers who might struggle socially and/or administratively.

Teacher Education and Professional Development

- o Teacher's College training objectives should be immediately reformed to address current systemic needs and demands. Training should reflect the rapid psychological and behavioural changes in students as a result of social media influence, changing aspects of popular culture, and emerging technologies, most notably, Artificial Intelligence.
- o Develop teacher-centered onboarding and UDL (Universal Design for Learning) training that supports educators by equipping them with tools to better support their students and themselves.
- o Public schools and colleges should be investing in the professional development of their teachers. Workshops specifically designed to support neurodiverse educators and educate neurotypical educators on neurodiversity would benefit all.

Mental Health & Wellness Infrastructure

- o Create dedicated communities or groups of support for neurodiverse educators, offering spaces for shared learning, mentorship and resource exchange
- o Mental health education and resources about neurodiversity should be created to help reduce isolation.
- o Top-level school board executives, co-ordinators, and administrators should be in-serviced with state-of-the-art professional development to help reduce stigma and open up mental health discourse in their own hierarchies.

Self-identification

- o Work places need to create safe opportunities for educators to self-identify. This is necessary for creating more meaningful and personalized support. Professionals should be able to safely state their neurodiversity without fear of retribution of any kind. Technically, today, no one can be penalized or overlooked for positions; realistically it happens, usually in subtle ways. We should be aiming for a world in which people can name their ADHD in the same ways they can indicate their birth date or food sensitivities.
- o Self-identification opportunities do not have to be public, but at a minimum, an understanding that teachers have different strengths and needs is paramount for a healthy and sustainable work environment.

Coaching, accommodations, and/or mentorship would be beneficial to all parties.

6.2 Future Studies and Further Research

- Studying the experiences of educators with ADHD in the context of emerging technologies may offer valuable insights into how classroom environments can evolve to meet the diverse and changing needs of our future classrooms with the integration of Artificial Intelligence.
 - o Description: The inclusion of neurodiverse teachers in the design of more innovative, inclusive and responsive classroom environments could be an interesting opportunity for future research.
- Investigating how neurodivergence is perceived, discussed, and/or misinterpreted in school staff culture
 - o Description: Studying the current stigma surrounding ADHD in school and/or work culture could be an interesting opportunity for future research. It could examine how stigma manifests in interactions, policies and unspoken norms. It could look into how it impacts openness and disclosure as well as access to support and professional identity. These environments could offer valuable insights into the gaps and barriers preventing education systems and workplace environments from being more inclusive, to potentially informing strategies on how to make these spaces more inclusive and psychologically safe.
- Investigating how gender, race, sexuality, and/or socioeconomic status may intersect with neurodivergence in teaching roles.
 - o More longitudinal and intersecting studies are needed to build on the findings of this research. Understanding how neurodiverse individuals navigate stigma, support systems and institutional expectations could be better captured through the lenses of more diverse and overlapping groups.

In conclusion, the findings of this study highlight the need to rethink and re-imagine inclusion in the education system, not as a fixed policy objective, but as an evolving and relational process that takes into account the complex identities and lived experiences of educators so that they can feel better equipped to support their students. Further research should continue to prioritize the perspectives of neurodivergent educators, to inform more responsive educational policies and workplace practices. In doing so, we can begin to address current and future gaps in support while also challenging prevailing assumptions about competence, professionalism and productivity within education and professional settings.

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PARTICIPANT STORIES

Participant Story 1:

“The Kid You Didn’t Want in Your Class”

The Life of Rose

“The teachers who are [nearing] the end of their career but still have 5-6 years left– The next five years will be complete hell for them because there's no one-size-fits-all [approach to teaching] anymore. The teaching style where you sit down for hours and everyone does the same thing and there is only one way to do it? It does not exist [anymore]. But that's how [these older teachers] were taught, and so that's how they still teach. So I think we're going to have to, as a system, redefine everything. Redefine what learning is. Are we trying to learn information or are we trying to learn skills, abilities, “disabilities”? Like, how can we think critically, how can we problem-solve, how can we know things are useful in any context in any way and for everyone, not just for one specific type of person in one specific type of job?”

I. Introduction

Rose is a 40-year-old high school teacher, department head, wife, and mother of four young children. She teaches grades eleven and twelve and describes her teaching philosophy as wanting to “make learning fun.” At 14, Rose was diagnosed as Twice-Exceptional (2e), someone who is both gifted and has a neurodevelopmental condition, in her case, ADHD. Rose describes “a constant fight” in her brain between the ADHD and giftedness because she is constantly navigating the tensions between her duties and desires, her confidence and sensitivities, her brilliance and boredom, and her wisdom and impulsivity. These paradoxes have not only shaped her identity and relationship dynamics but also the way she approaches teaching.

When asked if she always wanted to be a teacher, Rose affirms “yes” with an exaggerated and expressive nod. “If I go back to my little ‘what do I want to be when I grow up’ book, my mom had written down that I wanted to be a teacher.” But her love for learning and education took a few detours in her younger years. “I remember being so unhappy in school for a while... I kind of wanted nothing to do with school for a long time.” This disillusionment motivated her to make a difference in the classroom. “Let’s do something that might help other kids not ‘hate’ school... I wanted to make it fun for kids who don’t like it.”

“I think I was just very confident... I was like that from when I was born,” Rose reflects. Her fearless attitude toward authority figures often got her into trouble as a child. While her hyperactive ADHD keeps her busy and “always moving” in need of constant stimulation, her inattentiveness surfaces during moments of mental misalignment, particularly in repetitive or overly predictable settings. “I zone out because I’m already mentally ahead of the discussion,” she says of her 2e while participating in work meetings or conversations.

Rose uses the pain from her own struggles as a neurodivergent student and rebel as her vision for an education system that prioritizes mentorship over enforced content delivery, prioritizing curiosity over compliance, and encouraging students to become better critical thinkers, which she believes will better prepare them for a rapidly changing and increasingly complex academic and professional landscape. She is committed to making learning engaging, human-centred, and accessible for everyone. Her instinct to shift from content authority to learning coach reflects an approach to education that values not just what students know, but how they think, and this all stems from her own struggles as having been a student with 2e and with very little support.

II. Early Life: Childhood and Twice-Exceptional Giftedness Diagnosis Journey

Rose is the middle child in a large family, and describes herself as having been a “fairly rough teenager.” However, it was in her elementary school classrooms where her rebellious nature truly revolted: “I was the student that you did not want in your class, because if I was bored, I would let you know... I would do anything to piss people off.” She remorsefully shares the impact she may have had on her teacher’s medical leave. “My poor Grade 7 teacher... She left in October because she had a burnout.” Rose describes her younger self as an outspoken and perceptive child who questioned authority from a young age.” She recalls always doing her schoolwork quickly and effortlessly, which she could then use as a shield when reprimanded by the teacher. “What are you gonna say? I did all of my work... So, you’re gonna punish me?”

“I was like the [opposite] of a people pleaser”, she says. As the middle child of six children, she remembers being the only one who struggled socially at school, “I was the first one to have social troubles [because] everything came to me really quickly and it was just, like, ‘let’s go... Let’s keep it moving.’” She remembers feeling really impatient, rarely challenged, and feeling frustrated by the structure and pace of her classes. “I’d be a pest because I was bored, and I didn’t have anything to do... they would give me more work, and I’d be like, ‘well, [that’s not fair] why should I have to work more? I’m done with my work.’” If Rose completed her tasks earlier than the others, she would be given more work just to keep her busy. This sense of unfairness would upset her, too. “The

injustice... I would feel that a lot."

When asked about other extracurriculars or outlets to help expel her energy, Rose says there were no organized sports that existed in her region at the time. At home, she enjoyed the freedom that came with limited parental supervision. She says, "I kind of followed in [my older brother's] footsteps quite fast with the smoking, the drinking... as of grade 7." She attributes this phase to boredom and curiosity. "Let's try something new, 'cause I'm so bored, right?". One hobby that brought her joy and a challenge was her piano.

Rose's mother eventually pushed for answers regarding her classroom behaviour. "She was pushing a lot with the principal and the school board... to figure out what was going on." After psychological testing, at the age of 14, Rose was finally diagnosed with Twice-Exceptional (2e), a combination of giftedness and ADHD, but growing up in a rural town, access to educational support was limited. To support Rose, both her parents and the school chose to advance Rose a full grade. "I started grade 9 a year younger than everyone else at the school."

Rose's Twice-Exceptional diagnosis came with tremendous relief. "I'm not just angry," she exclaims with self-compassion, there's a reason why I'm mad!" When her brain was described to her, it was explained as two opposing forces being at constant odds with one another. "That's why you are so frustrated all the time, because in your own brain, there is a constant fight."

When asked if skipping a grade in elementary school helped, she says, "It helped a bit just because I got to hang out with older kids... I pretty much had no friends in my age group." Still, she wasn't offered any support beyond the diagnosis. "Nope. None... no medication, no coping strategies." Her parents resisted [ADHD] medication, believing she wasn't "disruptive enough in an intellectual way." When asked why she didn't have any friends her own age, Rose recalls a difficult moment in grade 7 when she lost two close friends. She described how she "burnt those relationships [because] I was being a bitch," which led to a painful isolation: "I crashed... probably three months where I was just in my basement and doing nothing... I had no... anything. Everything was gone." During that time, she felt lost and unsure of how to move forward. When asked if she felt any shame at the time of these losses, Rose says, "It was more of a 'hurt' than a shame... I was hurt. I did not understand why I didn't fit in... I was sad... Why me and not someone else?" High school offered a fresh start, a chance to rebuild: "It was a nice start. New friends, new activities... So yeah, it was a good separation from grade school."

The transformation from being a difficult kid to a 'realized' and compassionate person wasn't instant. Rose acknowledges, "I don't think I was like, from one day to the next, a nice person. No." But she gradually learned to "tone it down." It wasn't until Grade 10 that she finally felt challenged academically. "The first challenge I got was probably my math class in 10th grade. It was a little, how do you say that?– humbling." Rose's strengths and interests leaned toward the humanities courses: "I liked languages more and the social sciences... history and politics."

At the end of grade ten, Rose reached a personal low and turning point: "I did try a lot of drugs when I was angry... and at one point I got scared... At the end of grade 10, I was like, 'Okay... if I don't make the best of this situation, I will end up... I don't know... I was scared. I didn't want that for myself.'" When asked what triggered that transformation, in a very ADHD 'all-or-nothing' fashion, she says: "I just decided that I was done with that [angry] version of me and I wanted to try something else..." Rose transformed from being a class rebel to a student leader. "I got involved a lot more in school activities. I gave it everything I had." She dove into improv and theatre, joined the student council, and by the tail end of high school, Rose was voted in as her school's Student Body President. "I was like, 'okay, I've got this.'" Through this experience, Rose found a way to harness her giftedness and channel her internal chaos through leadership and passion. "I can use that energy... and have it be positive for me."

III. Adult Life: Motherhood and Social Dynamics with ADHD and Giftedness

Rose says she only really felt the negative impacts and challenges of her ADHD when she became a mother. Now a mother to four children, she shares, “I kind of understood everything (about her 2e), when I was thirty... I really understood a lot more about how it affected me once I got kids, because all of a sudden I was responsible for someone else.” Struggles around executive functioning and emotional regulation were present, but also struggles with sensory sensitivities, and she describes how she’s needed to find “self-soothing strategies that I never really had to do before.” She shares some of her adaptive approaches to supporting her ADHD as a mom: “With age, you kind of overcome a lot of the chaos, like I’ve learned to embrace the chaos instead of trying to fix it... When I’m overwhelmed or when I can’t function, I just say ‘okay, let’s [pivot and] do something else’... I have to keep moving all the time. I can’t just sit down and relax.”

“To me, sleeping is almost like a waste of time”, she says of the hyperactive manifestations of her combination-type ADHD. Rose’s inattentiveness makes its appearance when she is under-stimulated or bored. Her body seems to shut down. “Let’s say I’m in a meeting, or when I’m in a course or whatever, if I already know what’s going to happen or if I already know what we’re going to talk about for an hour, I will zone out completely because I’m already an hour ahead of what’s going on.” This shutting down also happens in social gatherings with people she can’t relate to.

To calm her mind, Rose relies on active outlets rather than stillness: “I read a lot... I’ve come to do a lot of organized sports... physical activity, you know, walking in nature... That will calm me down, but I have to be active... I can’t sit down and read for an hour, but I’ll do twenty minutes.”

Outside of academics, Rose notices barriers, especially social ones. “I can’t do small talk conversations,” she admits. “I just... I’m either bored or I’m going too fast.” She described struggling in social environments where conversations lacked depth or moved too slowly for her brain. “I get upset or I get bored, and I’m just like, ‘okay, I don’t have the time to create that connection with anyone.’” Situations like meetings or social events feel impossible. “Cocktail parties or whatever– I’m the worst. I just sit down, and I look around, and I can’t have conversations.” When asked about emotional masking and whether social dynamics still affect her today, Rose pauses: “I don’t hold anything back... I don’t have a filter when I’m around anyone.” She describes saying things and wishing she could take them back, but she doesn’t tend to ruminate anymore. “When I was a teen, I would think about it a lot... go to bed and rethink every situation in my head.”

Rose remembers facing a lot of stigma and disbelief about her Twice-Exceptional diagnosis, especially being a girl. “The response would be ‘well, that doesn’t really exist.’ Even as an adult, she still encounters skepticism: “I find there’s kind of a skepticism on their part [with other adults] ... Where it doesn’t really exist, like ‘you’re not really ADHD and gifted, that doesn’t happen.’” Rose doesn’t seem to mind, though, “I’ve come to terms with, ‘you know what? What does it change if you don’t believe me?’” She also doesn’t internalize shame. “I’m not one to beat myself up. I’ve learned that it doesn’t help.”

“I don’t let a lot of people close to me... it takes me so much time and energy to focus on having good relationships that having a lot of them is just... it’s not worth it to me [because] I have to invest so much in being compassionate, being open,” she reflects. Rose is compassionate and strong, but acknowledges the emotional armour she’s built over the years, particularly in response to rejection. “I think I would lie if I said ‘no’ [to feelings of rejection sensitivity] ... I [work hard] to protect myself from that.” When asked how she protects herself from rejection, she says: “Well, if I don’t talk to people, they’re not going to reject me.”

IV. Life as a teacher with Twice Exceptional: Advocacy and Systemic Change

Rose approaches teaching her grade 11 and 12 classes with movement, energy, and flexibility. “It’s a lot of movements in the class... the kids are rarely sitting down and taking notes... We’re writing on the walls, writing on the desks. We’re moving around the desks all the time, doing a lot of group work, doing a lot of talking. A lot, a lot, a lot of talking.” Her teaching style embodies the kind of environment she wished for as a student. It’s one that prioritizes a dynamic, empowering, humanizing and stimulating learning space that uses movement and conversation as tools for engagement and discovery.

When it comes to accommodations, Rose embraces an inclusive approach: “What I try to do is offer accommodations to everyone no matter what... if that is helping one person, then it might help anyone in my class, right?” She credits her school, saying: “it has been known to be an inclusive school and was home to a gifted program until it was recently cut by the government.” This culture of openness supports her efforts to provide accommodations, extensions and a little more agency for course delivery. When reflecting on the future of neurodiversity, Rose hopes for a society where those with diagnoses “can do everything and anything and not feel different.” In her classroom, she models self-acceptance and honesty, even in everyday stumbles. “When I’m teaching and I forget what I was saying and have a full blank, I say– ‘Okay, kids, I just forgot what I was gonna say. So let’s move on.’” She humanizes herself as a teacher by not taking herself too seriously and with a good sense of humour.

She advocates for a more student-centred approach where “we have to give the kids a lot more responsibility” to choose what they want to learn, which would relieve teachers from the pressure of covering a rigid curriculum and allow them to “just be a coach for the kid that is in front of you.” Rose imagines a supportive network where students “can go see whoever they want that fits with the problem they have... and the person will just magically help them.” Though she acknowledges that this sounds like “rainbows and unicorns” in comparison to the current teaching model, she believes that if teachers are not responsible for every piece of content, especially when “content is on the Internet and with AI and everything”, then their role can shift to teaching students “how to use information to their advantage and to be critical of it.” Regarding institutional responses, Rose expresses frustration. “The Ministry of Education is not helping. They’re still redefining the curriculum...We’re getting mixed messages from the ministry, from the school boards...and ultimately...from the parents as well,” who “don’t know any better than what they experienced.” She observes a disconnect between standardized expectations and the evolving social context of students: “The kids are living in a completely different context socially...we’re just not addressing that difference at all.”

She credits her ADHD with allowing her to think divergently, “My ADHD helps me think outside the box... it always makes me try to do things differently.” Rose resists routine and repetition. “Some teachers will have their teaching plans and their slideshows, and they’ll use the same one year after year. I look at that and it gives me anxiety.” While this reinvention keeps her practice fresh and student-centred, she admits it comes at a cost: “It could also be not very good because it takes a lot of time.” Still, she doesn’t over-plan. “I improvise a lot of it [her lessons] ... I know where I’m going because it’s all in my head.” Her spontaneity and intelligence support this flexibility, but she recognizes the potential for barriers and drawbacks as the leader and head of her department. “Sometimes I have to sit down with new teachers and explain to them how we do stuff, and I don’t have anything to give them! I don’t have any documents; I don’t have a binder because everything is in my head.” When asked if she has received any negative feedback from her colleagues on her team, she says, “No. I don’t know if they’re just too afraid to tell me. They might be,” she contemplates. “One thing I know I have to work on [is] when people can’t do things, I just do it myself, and I kinda brush them off. So I sound like a bitch... like ‘this is my way to do it and you can figure out your own way. I know it sucks,” She admits, “I know I should be able to help [her colleagues] more.” Rose recognizes these intolerances she can have towards others and is open about her ADHD with students and families. “That’s one of the first things I tell the kids... I live with giftedness and ADHD.”

Despite a lack of structure in the more traditional ways, “I don’t have teaching plans... I’m really not the most organized or the most structured teacher”, she holds herself to a high standard. “I meet my deadlines. I do what I have to do.” But when others don’t, she admits, “I don’t really like when people don’t meet deadlines.”

When asked about the burden on teachers to manage diverse student needs without adequate support, she calls the educational system “hypocritical.” Rose stresses that “we’re gonna have to, as a system, redefine what learning is,” shifting from memorizing information toward learning “how you think critically, how you problem solve...things that are useful in any context.” She says, “The teachers who are [nearing] the end of their career but still have five to six years left– The next five years will be complete hell for them because there’s no one-size-fits-all [approach to teaching] anymore. The teaching style where you sit down for hours, and everyone does the same thing, and there is only one way to do it? It does not exist [anymore].

Rose acknowledges that while she was born confident and never felt the need to hide her ADHD, she credits this attitude to her giftedness, as it compensates for the ADHD stigma. She recognizes the many who struggle with shame, especially in professional settings where disclosure risks job security. On whether ADHD should be included in diversity, equity, and inclusion (DEI) efforts, she says: “I think it should be included,” emphasizing that ADHD is a forever condition. “You can’t really expect people to live up to a certain standard,” she says of our current archaic systems and structures. “I don’t think it’s a mental health issue in the sense that, compared to depression, for example, it’s not something that will go away...” Essentially, it’s a part of who you are, and our current systems are not compatible with certain neurodiverse traits.

V. Conclusion

Rose’s life story is a reflection of self-acceptance shaped by early diagnosis, and her leadership roles as a mother, educator and department head. Rose emphasizes the value of experiential knowledge in both life and teaching. While she is a confident and out-of-the-box thinker, she has developed compassion for her own limitations: “If I can’t get it done, I can’t get it done... I’ve learned that it doesn’t help to beat myself up.” She agrees that an early intervention may have provided the proper foundation for her journey of self-awareness and self-compassion, stating she probably would have dropped out of school had she continued on her rebellious path without the awareness of her 2e. She says she doesn’t see much of a difference between herself and neurotypical peers, but this is complicated by moments where her thinking diverges or where she shuts down in social dynamics.“ [I] try to be as normal as I can,” she says of flying under the radar in systems and societal structures that make her feel a little different.

Despite minimizing her own organizational or productivity differences, “Maybe I’m just not that productive or that organized”, through her unique, kinetic teaching style, Rose is challenging traditional teaching norms through her belief that learning should be fun and engaging, no matter the age or subject. “No, I think I’m probably one of the only ones,” she says, comparing her teaching methods to those of her colleagues. “Maybe I see it [the ADHD and giftedness] a lot more than I think I do.” Rose shows her natural leadership in how she shows up every day, with adaptability, humility, and deep authenticity, which sometimes comes with resistance to doing things the “usual” way. Her story is a reminder that self-acceptance is not the absence of struggle, but a life journey navigating societal expectations and self-defined worth.

Participant Story 2:

The Invisible Tax of ADHD

The Life of Daisy

“They say: ‘you should be able to do this– There's something wrong with you if you can't do that’... But we don't all have to be accountants! I think all of these different types of brains and ways of being are ways to satisfy the various needs of a community. I think it's problematic the way our culture lives and the way we've designed the world around “neurotypical” people, because I think people are more diverse than we realize. People just hide it.”
- Daisy (pseudonym)

I. Introduction

Daisy is a 58-year-old college instructor, artist, designer, business owner, and single mom who recently discovered her ADHD during menopause. At the time of our semi-structured interview, Daisy was staring down tens of thousands of dollars in overdue tax debt. It was a sum so large it had her considering desperate measures. She described how contract college instructors, who often juggle multiple jobs and roles, are very vulnerable to this kind of compounding stress and administrative overwhelm. “People struggle with taxes,” she says, “but they don’t miss their HST reports three years in a row... quite likely.” She credits ADHD for challenges that extend far beyond typical executive functioning struggles and forgetfulness, which can have serious consequences. She describes deadline dates that were written on papers she later misplaced, and emails from the CRA that went unchecked. “I thought I had done them... and left them for so long without realizing it.” Remarkably, however, the day after our interview, Daisy received some amazing news thanks to the intervention of her “patient sister,” an accountant—“It’s like winning the lottery!” She explained how past-due credits had unexpectedly erased most of the debt.

While taxes are not the focus of this study, Daisy believes it’s important to provide context for what it can mean to be a professional and a single mom living with a recent ADHD diagnosis. This story helps to paint a picture of how ADHD can make everyday tasks so much harder, especially when you are juggling multiple responsibilities. She explained how teaching deadlines and her summer art camp business overlap with tax season and complicate her schedule and finances. “End-of-semester grades are due during tax season,” she explained. “That’s where the overwhelm comes from.” She warns: “Delegate to others! Hire out what you’re bad at! You think you’re saving money [by doing it all yourself], but you’re not. It costs.” It costs in stress, time, health, and money—in ways that add up over the years... I’ve wasted so much money... I think it’s expensive to have ADHD.”

Despite the chaos and uncertainty of contract teaching at the college level, Daisy thrives in this dynamic environment. “There’s nothing ever boring about teaching, in my view. You’re always interacting. Something’s always changing. You’re always updating something or trying to improve it and make it better. It’s this constant kind of ‘improve, improve, improve,’ you know? ‘Learn, improve, adapt.’” She says, “it’s tiring”, but that’s what she loves about it.

While no single story can capture the reality of every woman with ADHD, Daisy offers a vivid glimpse into the hidden tax of navigating it all as a single mother, teacher, designer and entrepreneur with no support or awareness for fifty-six years of her life.

II. Early Life and Academic Experiences

Daisy might call herself the black sheep of her family. The youngest of three daughters. “The mistake, but we’re glad you’re here,” according to her mom, “the stupid one,” according to her. Growing up in the '70s and '80s, hiring a tutor for help in school wasn’t a thing. You were either good or bad at something and labelled as such. Her dad was brilliant at math; her sisters were too. It just seemed to come naturally to them. Her mother was also top of her class. She compares herself to her family a lot, especially the relationship with her father and her two older sisters. Because she was messy and struggled with numbers, she accepted a different label than her sisters... She was the “creative one”. The messy and disorganized one. “It was part of the stereotype,” she says. “You’re not good at math. You’re not organized. You’re creative. Your room’s a mess, but you’ve got a visual memory, so somehow you know that thing [you need] is under that pile... But there’s nothing organized about it.”

When asked what she was like as a child in school, she describes herself as having wanted to remain invisible at the back of the classroom. She was quiet, shy, and docile, but “a nice kid”. Because she shared the same teachers as her older sisters, she says, “I felt like a disappointment because my sisters were so much smarter than I, and it was humiliating.” The word “stupid” self-deprecatingly came up frequently in our conversation when she reflected on her childhood. Her sisters were “book smart.” The middle one, now, chartered accountant and Daisy’s lifeline,

was the one who taught Daisy to read. The eldest was her bully in the home.

Her parents wanted high nineties, but Daisy couldn't get them. "So never mind, you know," she says, shrugging it off. "Yeah, yeah, they wanted 'A's", but it wasn't possible. I didn't remember things well. And they figured, 'Oh well, she's just not as smart. She's creative. That's okay.'" The expectations from her parents shifted as a result, which helped to alleviate some of the pressure.

Then high school happened, and it was a different world for Daisy in the best possible way. She found a good group of friends, started taking many different classes. "I ended up getting eighties! Not nineties, but mid-eighties. I didn't want to be the best. I mean, I did get the technical award for drafting..." she says, almost offhandedly. She was the first girl to win this award at her school. The local paper even wrote about it and did a feature on her! I observed how quickly she skipped right over this detail to move on to the next subject. "I got over the shame of 'I'm not smart'... because I realized I am 'talented'... But yeah, there's still shame knowing I'm just really disorganized." Self-compassion seems like a new practice for Daisy, just two-and-a-half years after learning about her ADHD, post menopause.

Daisy recalls another bittersweet moment from her childhood. It was her grade 8 graduation, and Daisy won the first-ever Art Award named after a classmate who had passed away. On the night of her graduation, her father made the family late for the ceremony. "I decide when we leave," he said, brushing off her plea to hit the road. By the time they arrived, her name had already been called, and she missed her opportunity to accept the award on the stage. "I missed my first moment of recognition after years of getting bullied at that school." She remembers being really upset with her father. He loved that her sisters were good at math and the best in their class. But art wasn't something to be valued at the time.

She still remembers what her teacher told her about winning the art award: "You got the art award not because you're the best artist in the class... You were good, but you also worked the hardest... You've improved dramatically, so we gave it to you." She speaks to her ability to "hyper-focus" on subjects that genuinely interest her. It's an ability she always had, but had never been able to name until her recent ADHD diagnosis.

She reflects on that statement, "I wonder if not getting recognition made me work harder?" Because, in high school, things changed. No more bullies. New friends. Different classes. Honour roll and success. She insists on clarifying, "The harder you work, the more accolades you get." She describes herself as having "played it safe" in school; she stuck to subjects she was naturally good at. Architecture had been a dream once, but the math wasn't there. Art, too, but that didn't seem practical either. Interior Design became the compromise.

Daisy became the first member of her whole family to graduate from post-secondary higher education. Another statement she quickly brushed right over. "It wasn't until I went to college, started getting awards every year... my dad was beaming," she says. "He'd actually go to the award ceremonies. He was so proud, and it did matter to me." Her father later hung her thesis project on the basement walls of her childhood home with pride.

"I wanna do everything really well, and I hyper focus way too much on things that don't really matter that much.... "I put in too much detail where it's not needed, right?... My childhood wound was "you're not enough- and so I had a chip on my shoulder."

III. Career Trajectory and Professional Experiences

Daisy was practically unrecognizable by the time she hit college, and later, university. Gone was the girl who feared being seen; now, she was someone winning awards, leading her class, and getting hired straight out of college through her co-op placement at an architectural firm that specialized in designing commercial buildings

around the world.

The idea of teaching wouldn't cross her mind for the next several years, but Daisy discovered a talent and passion for explaining things. "You're so good at explaining things! How do you know all this?" her colleague would ask her. Daisy realized that she enjoyed being a leader and was a natural at guiding juniors and peers through the complexities of their design projects. A couple of years later, she was invited back to her college to sit on a review panel for student thesis presentations, and she was honoured and surprised by how much she enjoyed providing feedback. A guest teaching assistant opportunity followed, and that's when she realized that she might actually love teaching someday. She recalled asking her old teacher and mentor, "What's your secret? How are you such a great teacher? What's the secret sauce?" Expecting some long-winded and profound wisdom, he simply responded with: "You just have to care. That's it." She carried this advice with her throughout her career.

Daisy's career took off. She quickly became the most senior designer under the two Vice Presidents at her firm. She proudly shares how she managed to double her salary in just two years and organized a summit to secure raises for all the junior designers on her team. "They [her bosses] needed to be aware of the hours we were putting in... we had to change how we worked." The long hours of 9 AM to 10 PM, sometimes midnight, without overtime pay, took their toll. After six years hunched over drafting tables, back pain, neck pain and tendonitis set in. But that wasn't the only problem. Her unnamed ADHD had always been a factor. "I noticed when I was working full time or doing anything full time, I found it really hard to go do the same thing every day, all these long hours doing these projects that sometimes weren't that interesting, and I remember telling my boss, 'you know, I get bored really easily... like, I really love when you give me new projects... Can I do some more design work?'" When she did get new projects, she also felt uninspired and restricted.

"This is not fine architecture", her boss would remind her, "don't make it so special." After six years, Daisy needed a dramatic change. She left the firm and fled to Europe, where she worked in Paris, France, learned French, and then moved to Florence, Italy, where she took art lessons. When she returned to Canada, she was accepted into university, where she pursued a Bachelor of Fine Arts degree, "Because I really also wanted to be an artist, so I decided, 'okay, I'm going to be an artist!'"

Her drive for activism and justice followed her to university... "Yeah," she said, "if I care about something, I really 'get into it.'" She organized and distributed petitions at her university and presented them to the Vice President after witnessing unfair treatment. "If I see something wrong, I want to fix it. Let's get together, let's make it happen. I'll lead the pack." Confidence, she realized, had grown not just from academic success but from purpose. "Caring about something helped me have the confidence to get past my fears because there was something to advocate for." To support herself through her Fine Arts degree, Daisy worked multiple jobs and ran her own small business. Her skills expanded, and soon, she was taking on interior design clients while still illustrating and studying. Daisy was independent, talented, adaptable and capable, but was always taking on too much while operating on very little sleep.

Seeking sustainability and work benefits, she transitioned into teaching at an Ontario college. Things were going great, and for six years she taught as a college instructor, making more money while working "less hours"; However, life had its own complications. Daisy suffered a series of intense acute, and chronic health conditions compounded by personal struggles and a lack of awareness around her ADHD. This persisted for several years. "I did not tell anybody at the school because I was worried I wouldn't get my contract renewed." Daisy was forced to take some time away and relied on ODSP for a few years. Upon her return, she then recounted getting "ousted" from her college. "It's complicated," she said. "I think just jealousy" is what she attributed to getting ousted by the program coordinator, who she believes had it out for her. "I mean, you know how it is with contracts, right? Your contract just tends to get rolled over... They just said, 'Okay, we're going to post the jobs from now on and you have to reapply for your job', [a job] that I had for six years, and I was one of the favourite teachers!- I could

have just reapplied for the job, but I just felt so hurt. I just went ‘never mind. I’m leaving’. None of my colleagues stood up or said anything because they were all afraid for their jobs!” After filing an unsuccessful grievance, she left defeated and disheartened.

As her health improved, Daisy eased back into work and returned to the interior design boutique with her previous company, but realized, “I really love teaching. I’m not [enjoying] design.” She describes the administrative stress that comes with design, which can be difficult for anybody, but especially a person with unnamed ADHD. She lists the organization that’s required, the tight timelines, the quotes, the need to take accurate measurements, the importance of good note-taking, scheduling of site visits, timely billing, client follow-ups, and trade relationships. “It’s a lot to manage,” she says of the administrative cognitive load.

To get back into teaching, Daisy attended college open houses to meet people in person and sell herself. “That’s how I got hired!” she says proudly. They’d say, “Wow! You’re really enthusiastic... your resume is amazing.” Online methods of applying for jobs never worked, but one interaction with Daisy, and that’s how she found teaching gigs at two more Ontario Colleges.

Until just recently, Daisy was a partial-load college instructor for nine years, a program coordinator, and a business owner, running an art school and summer camp, guiding the next generation of design students. Despite her talent, resourcefulness, resilience and success, she was recently at the mercy of falling enrollment numbers, contract renewals, and a changing post-secondary landscape for Ontario Colleges. Her program coordinator contract was not renewed. Job insecurity and fluctuating income are ever-present challenges. But at almost 60 years of age, she perseveres and is moving to a new city to be closer to her sisters.

IV. ADHD Journey And Its Impact on Professional and Personal Life

It wasn’t until menopause hit that Daisy noticed something was ‘off’. Her memory and her focus were both slipping more than usual. “I thought I had early-onset dementia!” she says, laughing at the silliness of it now, but with real concern in her voice. “I couldn’t remember things. I couldn’t focus. I couldn’t get things done. And I was having problems with, you know, my HST returns.” Her daughter, a psychology major, came home from class one day with a revelation: “Mom, I think I have ADHD.” Daisy was baffled. “You?” doubtful. “How could you have ADHD? You graduated top of your school.” Daisy went on to say, “She’s so smart [her daughter], really smart. She works so hard– she graduated top of class... [she] got the Governor General Award... [she] learns things so fast.” Her comment appears to unintentionally suggest that ADHD would not be compatible with intelligence or success of that level, a common stereotype that has perpetuated the stigma over the years.

But after a conversation with a student’s mother about concerns for her son’s ADHD, Daisy looked into it a little bit more. What started as research to help her daughter and students quickly turned inward. The more she read, the more she saw herself in the descriptions. One day, she turned to her daughter and said, “I think I might have ADHD, too!” Her daughter at first dismissed this claim. “Just because I have it doesn’t mean you do. It’s probably from my dad’s side.” But Daisy wasn’t convinced. She took the online questionnaires, talked to people and pieced it all together. “This is why I’m always cutting you off– why I forget everything you ask me”, she told her daughter. “People kind of thought I was just jumping on the [ADHD] bandwagon [and] finding an excuse for being the weird, washed-up mess that I am sometimes.” But the day-to-day struggles, the overwhelming dread of taxes and other administrative tasks. “Maybe I don’t have anxiety. Maybe I just can’t focus, and that is what creates the stress!” She recalls her breaking point, which led her to contact her doctor.

Daisy’s doctor confirmed what Daisy had already suspected. “Yep, you do [have ADHD].” A psychologist later confirmed the diagnosis as well. When asked what the diagnosis gave her, she says, “It actually helped me forgive myself.” Everything made sense now. “That’s why my laundry never gets put away... I’m not a bad person, I just

can't remember some things. It's not that I don't care, I do care, I just can't remember." She says that the "shame" comes from the "shoulds." "I should be able to do that. I should be more organized. I should be able to keep up." She hates disappointing people– "I feel really guilty if I upset somebody. Sometimes I also find that I don't think well enough before I say something, and it offends somebody, and I hate offending. I want to be a nice person, and if I offend somebody, I feel really bad. Or if I disappoint somebody, I feel really bad. But I can't help it sometimes."

"I'm trying to design my life where it's a little bit more 'ADHD-proof', but I haven't taken enough time to do that yet," she says. The struggles weren't just internal. In the workplace, her high and intense energy isn't always welcomed. She recalls a recent event with a male colleague at their college open house: "Save some of that energy for later." He said sarcastically. "There was this one time a student had a breakthrough... they finally 'got' something," she recalls. "And I was like, 'WOO!' and I did this little dance at the front of the class... A girl in the back goes: 'Oh my God, she's dancing.'– like, 'yeah, I'm dancing! They just had a breakthrough!'"

Daisy proceeded to describe some of the darker chapters in her life that she attributes to her intense energy and undiagnosed ADHD. For years, she thought she was mentally ill. Underweight, anxious, exhausted. Broken marriages, chronic pain, illness. She struggled in relationships. "If my partner was neat, I was messy. That was a problem. And one of the biggest problems in my friendships and relationships was talking over people. Not waiting for a response. Forgetting things. Forgetting to check in on people." She procrastinated, too. "Saying I would do something and then not– if there wasn't a deadline, it wouldn't happen. So I disappointed a lot of people." One of the hardest losses was her best friend. After years of friendship, it ended after the birth of her daughter. "Let me tell you something," her friend once said. "A conversation? This is how it works. You say something, and I thoughtfully respond. Then you say something, and you wait. Pause. You wait for me to respond." Daisy tried, she really did. But she just couldn't do it. "I can't help it!" she said helplessly." She recalls losing her closest friendship because of this. "It was heartbreaking. Absolutely heartbreaking," she says.

When asked about masking, she says, "I have fewer friends". She confides less in people. She sometimes finds herself speaking up less and watering herself down. "I think I'm way 'too much'– I get this feeling of 'I'm too much'. I'm too loud. If I do talk, I'm too talkative."

Earlier in our conversation, I asked Daisy about her ability to hyper-focus. She reminisced about the all-nighters she would pull during university and college: "I spent an entire week during my senior year of college living off of one-hour power naps, caffeine pills, and chocolate-covered coffee beans... I was committed to the work, the project, whatever the project was, whatever I was creating." She says it was less about the grades and more about what she was making.

"That's more than hyper-focus," her therapist once said, suspecting Bipolar II disorder. He described it as a form of mania. It's important to mention that this statement was made years ago, and Daisy never sought formal assessment, though she has been considering it in recent months. "This would happen to me repeatedly [throughout] my career and in school, where I'd be just so 'into' it [projects]. And it wasn't because I was stressed or anxious– I just wanted to do it. Like, I would just get so into it. I would just work, work, work, work, work. I wanted to do really good work." Daisy describes her experiences of hyper-focus as an intense period of productivity, where she would work tirelessly without the desire for sleep. Unfortunately, these episodes were often followed by a hard "crash," leaving her exhausted and "numbing out" for a couple of days to recharge and recuperate.

Daisy describes the physical toll that unchecked hyper-focus can have on her body: "Repetitive strain injuries, because I work to the point of pain... I've had multiple different kinds of illnesses. She describes her hyper-focus as a type of trance or overdrive that she gets stuck in. "I could be thirsty for hours, but I don't get up even though the water's like, right there."

Despite the difficulties, Daisy reflects positively on how she has designed her life in a way that keeps her stimulated and engaged. "I'm never bored," she says, adding, "It's exciting, but there are these little lulls where you can go, 'OK, I need to crash and reset right now.'" Her crashes might involve spurts of numbing on the couch, not being able to get out of bed. Living in the same clothes for a few days. If there's nothing to do, I just want to lie on the couch and do absolutely nothing. But it wouldn't last long [because] I would get bored after a while. Yeah. If I'm really exhausted and I have the chance, I just lie on the couch or stay in bed."

Regarding her ADHD and whether it presents itself as inattentive, hyperactive or both, she humorously says, "It's both, can't you tell?" She describes the physiological sensations she experiences during periods of hyper-fixation and hyperactivity: "It feels like my brain's going really, really fast. I feel like there is a clock spinning at hyper speed in my chest. I kind of feel anxious... Everything is tight in my stomach and chest, and I just get kind of 'spinnny'."

Reflecting on her journey, Daisy concludes, "The [ADHD] label doesn't help. What helped was learning about it and learning how to manage it."

V. Life as an Educator With ADHD - Advocacy and Systemic Change

"What do I love about teaching?" Daisy asks almost as if to say we don't have enough time in the day to cover all the reasons why... "Oh, I love teaching!" She explains how teaching allows her to witness her students grow in confidence, make connections, and surprise themselves with their abilities. She sees teaching as a way to have a broader impact on the world by empowering young designers and artists to create meaningful change. Daisy explains her fulfillment in being the type of teacher she wishes she could have had as a child by guiding and encouraging students to pursue passions, not just what they are 'good' at, and to pursue them without self-doubt. "Just learn how to do it! Find somebody who can teach you how, you know? Don't say, 'I can't be an architect because I didn't learn how to do that thing. Find the right teacher to help you learn how to do 'that thing',... So, it kind of satisfies [what] I wish I had, right? [someone who believes in you]" Creating through others has felt more impactful than personal artistic pursuits in her recent years as a teacher. Ultimately, Daisy values the freedom teaching provides: "I think I like teaching because I can just be who I am." She has remained deeply committed to her students, often at the expense of her own well-being. "I put in more hours than I can get paid for... I tend to put so much into teaching that is beyond what I should do, I can't seem to not". Daisy acknowledges ADHD as a disorder because societal expectations make it feel like a disorder. "It's really hard to do certain things, and our society doesn't understand that... They say: 'You should be able to do this. There's something wrong with you if you can't do that.'" She believes different brain types serve different roles in society: "But we don't all have to be accountants! I think all of these different types of brains and ways of being are ways to satisfy the various needs of a community." She goes on to say, "I think it's problematic the way our culture lives and the way we've designed the world around sort of neurotypical people. But I think people are more diverse than we realize. People just hide it."

Daisy embraces her strengths as a person with ADHD: "I love that I'm really creative. I love that I can see all kinds of connections really rapidly that other people don't see... I have some superpowers, I really do." She has started openly telling her students about her ADHD in hopes of spreading awareness and reducing the stigma. "My hope is if I'm open with the students, they might feel more open with themselves and each other." However, "I feel like for most teachers, we feel like we're just sort of on our own." When asked whether she would share this same information about her ADHD with her manager, the associate dean, she is quick to shake her head and say "No!"

Daisy is beginning to question whether teaching is sustainable: "Even though I love, love, love teaching, I can see that it's kind of bad for me in some ways. There's no security whatsoever [as a contract college teacher], and it's easy to put in more time than you get paid for." Yet, she struggles to imagine leaving the field because of how much she loves it: "Oh, I love teaching. I love it. I love the students, I love the work of it. I love the freedom."

She acknowledges the lack of support for neurodiverse faculty and students, advocating for ADHD coaching, training, and accommodations: "Any teacher should have access to the supports they need... We should be more trained in how to recognize it and assist students." However, she critiques traditional accommodations: "Extra time? What does it do? All it does is put you behind more, and then you feel more overwhelmed and more ashamed."

She finds it painful to watch students struggle with undiagnosed neurodiversity but feels restricted in her ability to help: "That's why it pains me when I see somebody struggling and I can see that they probably have something along the spectrum of neurodivergence, but they don't know it yet. And I'm not supposed to say anything as a teacher... And I just think, 'I see you struggling, and I know you're hurting, and I feel so bad for you. It's painful.'" This is what led her to disclose her own diagnosis: "So that's why I decided, 'Oh, I'm gonna tell my students. I have ADHD. Here's where you get the support... it's probably not enough, but it's something.'"

Regarding coping mechanisms, Daisy acknowledges medication helps, but is not a perfect solution: "Medication is helping. It's definitely better, definitely better. I don't think it's the ideal prescription, but my focus is a lot better. I don't have the internal struggle like I can focus without feeling like it's torture, which is nice." However, she questions whether she's taking "the easy way out" by taking medications, rather than learning better strategies.

Her primary coping mechanism has been excessive work: "Well, I think my way around it is I just work all the time. Like, it's not really good. I mean, I work from eight or nine in the morning till 10 at night... I'll work till 11 PM, sometimes midnight, sometimes 1 AM. It's always what I've done, though, like I'm a workaholic. But it's because I have ADHD, kind of thing. Now that I'm taking the medication, I find it's easier. My focus is better. I'm working more efficiently. But I still do too much of the wrong kind of thing because, of course, with ADHD you can't really control yourself... I shouldn't be spending this much time on this [task], but I can't seem to fight this propensity to want to do this." Her personal time is nearly nonexistent: "Every occasional Sunday morning is when I have 'free' time. I'll sleep in and just lie on the couch and watch YouTube." She does not have hobbies or take walks: "That's all I do. Work all day. I'm just stuck in this hamster wheel of working and falling farther behind because I don't manage it properly."

She also struggles with boundaries: "I say 'yes' too much. I don't have enough discipline... no budget, no financial control. This is where ADHD is really hard for me." As a single mother, she feels an extra burden: "I'm not married, I don't have a partner that balances me out who's good at finances or something. I'm a mom, and it's not my daughter's problem that I haven't run my life well."

Daisy finds deep fulfillment in inspiring students: "I love seeing them learn and become confident and light up and see connections... I feel like I create through students rather than just myself and my art." She sees teaching as her way of making a meaningful impact: "I feel like it's a way to empower designers and artists to create something powerful to solve some of the problems that humanity faces-- I wonder if I'm starting to feel done with this thing of empowering other people to make a difference in the world. Maybe I've empowered enough. Maybe I could just go and do my thing for a bit."

Despite her passion, the challenges are wearing her down: "Neither of my jobs is enough money to live off of. And both are seasonal, right? Unfortunately, it means I'm teaching all the time." She acknowledges that teaching provides her with dopamine: "I think I get that dopamine rush from, 'You got accepted into your favourite school!' And it gives me my self-worth that I helped them." She connects this drive to her own childhood: "I'm trying to make up for my childhood for other people. I didn't get what I needed, but I understand it. I can help you get what you need."

Ultimately, she advocates for better support systems: "I think people need to be accepted and supported. That's what I would like... If neurodiverse students could be accepted and supported. And I'd like it if teachers could be

too." She believes educators should be trained to identify ADHD early: "Teachers and schools, elementary and high school educators, need to be trained on how to spot it. Not shame somebody, but just get them diagnosed and get them the support they need."

She reflects on the struggles ADHD has brought into her life: "I've done a lot of wonderful things. It's also been a huge struggle. So many struggles because of this."

VI. Conclusion

Despite her struggles, it is in Daisy's nature to carry an unrelenting and defiant joy, as she carries an overflowing abundance of creativity and energy, with the aspiration to contribute meaningfully to the lives of others.

"It's lovely to be this ray of energy and positive introduction into students' lives, but it's kind of also exhausting, you know? It's made me sick a couple of times over– I've crashed and burned in my career. Multiple times because of working myself to the ground with significant back problems, tendonitis and then IBS... I was skin and bone on disability... Lots of relationships– dead. It's a challenge, for sure. But I've also made some amazing and exciting things in my life– Done all kinds of amazing stuff in my life. I went to college. I went to university... I did those things! I lived in Paris. I worked in Paris. I lived in Italy. I built a summer [art] camp out of nothing. I've helped people get into the top schools all over the world. Yeah, it's pretty cool. I've designed buildings all over the world, like I did that! And I raised an amazing kid. So it's all good, you know?"

Her experiences describe a complex intersection of pride, pain, and perseverance. They reflect a life fully lived, but she also wonders how much more sustainable and supported her life might have been if recognition, intervention, tolerance, and inclusive systems had been in place earlier. For the unique brilliance of neurodiverse individuals to shine and thrive, social, institutional and work cultures must evolve to embrace differences without instilling shame and stigma. Difference needs to be taught, welcomed and celebrated for an environment to be truly inclusive.

VII. Follow-up

In a 4-month member-checking exchange, Daisy requested to have a life update included in her vignette. In this, she shares that she has left teaching to pursue a new job in design in her new town. She has left post-secondary education behind and is embracing a simpler life in a new town, closer to her two sisters.

Daisy recently began a new design role after several interviews in the retail design sector. She noted a pattern in employer feedback from her interviews. "Two out of three said my exuberant personality and intensity were too much... They wanted a more laid-back energy." The employer that eventually hired her appreciated her passion and attention to detail: "We love your energy... we think this will be good for our team." But on her first day, Daisy was so excited, she caught herself interrupting a team meeting. "I kind of assumed something and jumped in... and the owner said, 'Hold on, let me finish. I appreciate your enthusiasm, but let's slow this down a little.'" Later, after over-preparing for a task, she became overwhelmed. "I made it way more complicated and way more thorough than it needed to be." Daisy watched as her boss completed the same task in minutes, which made her anxious and self-critical. She says, "I'm scared I'm going to disappoint her. I'm worried they're going to think I'm 'too much', like the other people did." There is strain in Daisy's voice as she explains the unclear instructions. She reflects, "She didn't explain it clearly... or maybe I didn't ask. Maybe both," capturing the challenge of navigating ambiguous expectations, while blaming oneself for perceived shortcomings.

Teaching, by contrast, had felt more forgiving. "If I wanted to be more thorough, I could be... nobody was looking over my shoulder." There is autonomy and emotional safety to just be her authentic self that came with teaching, and the ability to work at her own pace, describing the classroom as a space where her energy was seen as a strength: "In teaching, it can be good to be energetic; it helps keep your crowd energized."

Daisy ends her update with a sense of hope and gratitude. The extra work she put into a client concept, initially perceived as excessive, is now being used to generate social media content. “It’s not all lost,” she reflects. “She just wanted me to go ahead and do that... So it’s all good. It’s all fine.” Despite this supportive environment, Daisy acknowledges her habitual reliance on pressure to prompt action. “I’m not the carrot [type of] person. I’m the stick,” she says, recognizing that she only prioritizes herself when the stakes are high. The concept of taking breaks throughout the day was foreign to Daisy, describing how, in previous jobs, she would “eat and still be working.” In contrast, her new workplace encourages intentional self-care. As she explains, “The owner wants everybody to take lunch... She doesn’t want people stressed out. She wants clients to feel good when they walk in.”

At this new job, self-care is modelled and expected: “To keep my job, I have to take care of myself. And I want to”. A new pace and perspective for Daisy. She feels hopeful and looks forward to this next chapter. We wish her the best of luck.

Participant Story 3:

"There's No Such Thing as Lazy"

The Life of Lily

“My brain is just ‘brainy’ and I’m not alone... There are many of us, and we [neurodivergent people] are essential. We are essential to the survival of our species and we are an important part of why there is art and culture and innovation and ingenuity. The way our brains work does so many wonderful things!” - Lily (pseudonym)

I. Introduction

Lily is a 42-year-old wife and mother of two young children. She is a multi-talented, highly empathetic, reflective, and creative former college instructor with 2.5 years of experience who is on a journey of radical self-acceptance, dismantling the systems and structures that once shaped her beliefs. Although Lily always performed exceptionally well in school, it wasn't until she pursued post-secondary education that she truly fell in love with learning. Later, as a college educator, she discovered that what truly lit her up wasn't just the act of teaching, but the inner workings of how people learn. "I really like learning," she reflects. "I like the ideas around learning and how learning works. I care a little bit less about what specifically I'm teaching."

As much as she loves the craft of teaching, the systems surrounding it, especially at the college institution where she taught, tell a different story. Layered with the challenges of ADHD and chronic pain, her experience as a partial-load instructor was clouded by a maze of expectations with very little guidance and even less support.

Lily's story is about more than just burnout or navigating life with ADHD— it's about a deep reckoning with systems that weren't built for people like her. It's about someone trying to reclaim joy and meaning in an institutional system she loves, while reimagining a more inclusive future for education in general. Lily learned that loving to learn is not the same as being supported to teach, and she is still trying to wrap her head around where academic and workplace accommodations for ADHD could overlap, and where they might not. As she continues to unlearn internalized shame around productivity and self-worth, Lily challenges the myth of 'laziness' head-on: "I don't know if I'm brilliant, but 'I don't need to fucking be brilliant'... is the thing I've only recently discovered! 'Lazy' doesn't exist. 'Lazy' does not exist. I am unlearning every day to let go of the shame of 'laziness' that I think so many ADHD people carry around."

For Lily, her views on this topic aren't just pedagogical; they are personal and political. "It's a colonial institution!" She passionately shares her revelations of academia. "It is a prop for capitalism... It prioritizes and rewards a very, very narrow way of learning, a way of being." As someone who once revered school, "school was everything to me", she now sees its constructed nature with clearer eyes: "'School' did not descend from the heavens... it was built, and it was built by men— white, colonial, imperialist, capitalist men." She proceeds to share her ambition: "I mean, how can we radicalize learning? That is something I like to think about."

Lily generously shares her story with ADHD, which is a journey of love, reverence, disillusionment, hope and radical reimagining.

II. Early Life: Academic Experiences and ADHD Diagnosis

As Lily reflects on her childhood, she describes herself as having been "very obedient and very eager to please," with emphasis on being "the good kid." As the eldest child of two, her brother, who is 5 years younger, had a different temperament from his older sister, Lily, and reacted differently to their shared upbringing. "The way things just bounced off of him, and the way those same things just absorbed right into me and became the core of my being is very different," she says. The internalization of her parents' expectations became part of her identity, a stark contrast to her brother's. For most of her childhood, Lily believed that she needed to "excel in the most challenging things possible... doing anything less [was] a cop out". Underneath the compliance and the good grades was a lonely child marked with "tons of shame" around being messy, forgetful, and not 'trying hard enough. "That's the narrative about me: that I am lazy." The word 'lazy' or 'laziness' was mentioned 14 times throughout the span of our conversation. "'Lazy' was kind of the label that was put on me," she recalls, though even now she questions how much of that label was externally imprinted and how much she internalized the label on her own. Lily admits that she never felt 'good enough' as a kid.

The perception of ‘laziness’ took on both physical and cognitive forms. The physical side looked like never being drawn to sports, outdoor activities, or “just getting up and doing things,” which led to her not having many friends as a kid. She says, “I wanted to be reading a book. I wanted to be doing art.” Only recently in her adult life did she discover that she has been living with chronic pain her entire life. “I didn’t want to move my body [because of the pain] and I didn’t tell anybody that I was in pain because I just [assumed] that’s what having a body was...” An expectation to “just work through [the pain]”, which added another layer to her shaming and feelings of ‘lazy’. The cognitive side of her ‘laziness’ took the form of disorganization, forgetfulness, procrastination and last-minute A-level projects in school under just enough pressure to get the work done well and on time.

Despite being obedient, naturally intelligent (perhaps gifted, based on my research) and eager to please, Lily wasn’t ever intrinsically driven to be a ‘high achiever’ because she didn’t see the point in giving herself ‘more time’ to do things. She says, “I know I can do an A-level job at the last minute with what, to me, feels like minimal effort.” Even though she had high grades, she was still considered ‘lazy’ for not having started the project sooner or not trying harder. “Well, if you can do it better, then do it better” was the attitude in the home. She continues to defend her inner child: “Well, I don’t want to do better... I want to do the bare minimum that I know is still going to impress.” This, too, was branded as laziness. “You are obviously smart enough... You can, so you will”... or at least, ‘you should’.

By high school, despite having natural talent, intelligence and interest across all subjects, something shifted in Lily. She says, “I don’t know if it’s because I discovered pot [cannabis] and realized that that was way more interesting than going to math class?... Something about when math turned into graphing? I was like, ‘I’ve lost the plot’” (pun intended). By Grade 11, her priorities had shifted. “I got really into art and theatre, and I was like, ‘I’m just gonna put my energy here, instead.’”

Growing up in the 90s, ADHD and mental health “were not on the [family] radar”, but her father was diagnosed with ADHD and depression when Lily was a teenager. This discovery prompted her parents to question whether Lily might be struggling with something similar. She was sent for her own assessment in their small town and was diagnosed with ADD (Attention Deficit Disorder– an outdated term for ADHD) in her late teens by their General Practitioner. The doctor prescribed Lily Ritalin, which is an ADHD medication that she did not stay on for very long because she kept forgetting to take it. She was also diagnosed with depression around the same time. “My brain is my dad’s brain,” she says. In retrospect, she wonders: “I mean, what’s what anymore? What is depression, and what is just a constant battle to function?” But without real understanding, support or resources, the labels from the diagnoses didn’t lead to any meaningful change. She says, “[I wasn’t] noticing enough of a difference for it to be worth remembering to take a pill every day. I just kinda stopped [taking the medication], and I didn’t notice any difference.” As she reflects on this time, she explains it like this: “It was like, ‘Oh, you have ADD, and that means you have a hard time focusing. If we just give you these meds, you’ll be [cured]... There wasn’t any concept of how you learn or how you work.” Because that wasn’t the goal. The goal was to help her stop losing her keys. She also admits that she was basically an adult at the time of her diagnosis, and so there was no opportunity to coordinate with teachers or explore academic accommodations. “I didn’t have a concept of just how crippling and how bad it was. I didn’t know that it was impacting every aspect of my life... it wasn’t impacting me scholastically; However, everything I touched was a fucking mess. I lost everything, I forgot everything. I did great work, but I did it all at the very last minute and under pressure,” and at the cost of her physical and mental health.

III. Post-secondary Experiences and Career Trajectory

For the next couple of decades following Lily’s late teen diagnosis, the awareness and understanding of her condition fell to the wayside. “It became a thing that I knew was there, but I kind of ignored.” And for a long time, there wasn’t even any language for what she was experiencing. To this day, Lily still doesn’t know for certain whether she has hyperactive, inattentive or a combination-type ADHD. Lily identifies more with the inattentive type.

As a young person fresh out of high school, Lily dove into a theatre degree with the intention of becoming a set designer, but realized: “something about the more technical piece of designing for theatre actually turned me off.” Instead, she found herself more passionate about the “history and theory parts of theatre,” a side of the arts she didn’t know existed. “I was like, ‘Oh, there’s a world where you can read and nerd out on this? Great! Sign me up!’” This change in her focus led her towards pursuing a Masters Degree in Performance Studies. She described it as “the intersection of theatre and anthropology... the ultimate nerd world that I was really drawn to.”

Upon completing her studies, Lily found a career in the field of arts and culture— arts administration, communications, and fundraising. She hoped she’d eventually return to academia to pursue a PhD, but she reflected on this time by sharing, “the years just kept clicking by, and I never felt more like I knew what I wanted to do”. She describes having hit a wall after the birth of her first child. “I wanted to be off [work] with him for a little while,” and admitted to feeling the frustrations of “nonprofit burnout.”

After 2.5 years of being a full-time mom, she says: “I started to get the itch to do something with my brain again, but knew I didn’t want to go back to what I was doing.” That’s when she revisited her childhood love of interior design. “It was something that as a kid, I had a real interest in... but growing up, you know, pre-Internet and in a very small town... I didn’t know what an interior designer was.” She also admitted to carrying internalized messages in her head, instilled by her parents, that design “wasn’t academic enough.” The inspiration to “create spaces and worlds” felt like the same pull that first inspired her to pursue theatre. Interior Design felt like a better career fit. “It just seemed to check a bunch of the boxes... something I thought I would like,” she says.

At around thirty-seven years of age, with a young toddler and a very supportive spouse, Lily enrolled in a two-year interior decorating college diploma program while juggling full-time school with parenting. “Talk about a change in time-management requirements!” She recalls, jokingly. For someone who described herself as “a poster child for ADHD,” something amazing happened to Lily. “This was the best I had ever worked in my life... I was a machine.” Lily was forced to restructure her daily and weekly routine now that she had less time in the day, raising a toddler. She describes being more eager, motivated and devoted to completing school tasks not only on time, but ahead of schedule, and in a sustainable way that allowed her to parent and have free time on weekends. Her rule was: “You will not be doing your schoolwork while he is home.” And it worked. For the first time in her life, Lily followed a routine and organizational system that allowed her to do school full-time without burning out. “It felt great, it was so bizarre”, she reiterates. As she reflects fondly on the program, she says, “I need pressure to get it done.” Traditional accommodations like deadline extensions wouldn’t have addressed the root of her executive function challenges. Instead, she describes a shift in how she’s learned to redefine pressure. She remembers thinking, “I need to get this done in a timely fashion because my family is counting on me to be available for the weekend.” It was no longer procrastination-fueled adrenaline, but external accountability. Despite this reframe, Lily still acknowledges the motivation as external but also intrinsic. “Yeah! I get that dopamine from racing the clock, but it’s no longer because of the minutes.”

While pursuing her interior decorating diploma, Lily discovered she no longer wanted to work in the design industry, a similar change of heart to her prior interest in set design. Instead, she had her eye on teaching interior decorating, instead. As a mature student who had already completed post-secondary and graduate school with lots of life experience under her belt, Lily observed what was working in the classroom and what was not working with respect to her different teachers and their various teaching styles. “It scratched my brain in a particular way,” and confessed, “I’d love to be leading these conversations.” She couldn’t help but critique a pattern she observed among college design teachers with technical backgrounds. “You can tell the difference between an instructor who has been a student in a humanities-based post-secondary program versus those who have only been in very technical, industry-based programs...” She goes on to share how there seems to be “a lack of context, or lack of empathy...I don’t know.” She’s quick to acknowledge she’s generalizing and understands the value of having both types of teachers, but also reiterates that the most memorable teachers, for her, weren’t just technicians

with design knowledge, but humans with depth. “They had obviously studied design in the technical sense, but had also developed a wider breadth of knowledge and a point of view... whether that was art, or history, or culture, human behaviour, anything else that could contribute to the way you see and experience the world... and understand people, and ideas.” She notes that the other teachers “were not bringing anything exciting to the table. [they] weren’t bringing passion, weren’t bringing the bigger context of where our field sits in the world of creativity, design, art.”

Lily felt inspired to share these points and conversations with students. She wanted to ignite their imaginations and creativity and teach in a way that would have benefited her learning needs as a student. The only problem was that she had no work experience in the interior design field, but this didn’t stop her from inquiring anyway and expressing interest in becoming a Teacher’s Assistant. Lily was invited back to TA as well as to teach just a couple of years after the birth of her second child. By 2022, Lily was teaching her own classes. She couldn’t believe “how interesting the teaching of the creative process is”.

IV. Adult Life: Motherhood and ADHD Understanding

Lily first became aware of her ADHD in her late teens, but it is only in the past 6 years that it has become a meaningful part of how she understands herself. She says, “I guess, the initial ‘huh’ [lightbulb moment] was sometime in the last decade? Like, ‘oh yeah! That’s a thing [ADHD]. That’s true about you. You should pay attention to that a little bit more.’” She goes on to say, “it [became] a slow buildup of paying a bit more attention to it.” A combination of the challenges of motherhood and being married to someone who is “very obviously ADHD, but undiagnosed” sparked conversations and memories that prompted her to revisit her teenage diagnosis with more curiosity and compassion. She remembers thinking, “This is part of your own profile; you should learn more about this.”

Lily has taken her ADHD more seriously in recent years following her son’s diagnosis of Autism. This change to her family dynamic and parenting style pushed her deeper into literature on neurodivergence, not just for him, but for herself and her husband. With urgency in her voice she says, “the ways [in which] we have had to accommodate for his neuro divergence... how we operate and run our life and our family... the [amount of] grace and space that we give for him and the way his brain works has been kind of like a [revelation], like, the realization of ‘I need to be giving this [same grace and space] to myself, NOW,” she admits with regret. “I was definitely not given it [grace and space] as a child, and how has that impacted me, right?” This realization exposed many layers of internalized shame. “Things I wouldn’t even look at or acknowledge,” like “inability to concentrate, messiness, can’t maintain focus after the novelty wears off.” She reflected on how often she fought with herself, punishing herself for not being able to function the way she was “supposed” to.

These days, Lily’s internal dialogue is less critical. “This is just the way your brain works... You can build systems that help you function instead of forcing your brain to be something it’s not.” Despite her progress, she admits that she is still unravelling old frameworks that shaped her identity, but her progress is credited to her autistic son, who has inspired her to live more authentically with self-acceptance and ease.

When asked about any other overlapping comorbidities, Lily’s response was immediate. “So this is interesting that you ask,” she says, because she has been “kinda curious” about potential ‘high masking autism’. “I’ve done the self-assessments and [the result] has always been like, ‘no.’” But she has never trusted the results from these assessments. “The questions, to me, don’t make any sense,” she says, explaining her responses and how they had been filtered through a lifetime of masking. “Basically, my mask would be answering all of the questions, right?” Lily has been interested in learning more about high-masking autism in women. “I’m like... Ohhhhhh, shit. Oh shitttt... [As a high-masking autistic person] You don’t know that your impulse is to mask,” she reflects. “You don’t know that that’s not normal.” For years, she believed that she was just “hyper-vigilant,” always reading people, always scanning. “I know what people are thinking because I’m spending 100% of my time being like ‘what is

everybody thinking?” This constant and draining mental labour wasn’t recognized in the standard diagnostic frameworks. “It misses the part where people become so attuned and mask so well...” She adds a disclaimer: “I’m not making any claims [about being autistic], [but] the more I learn about high masking autism... and the autism and ADHD overlap, I’m like, ‘oh yeah, yeah, yeah.’”

Lily reflects on a therapist who once suspected Bipolar II disorder a few years back and sent her for a multiple-day diagnostic process with a psychiatrist. The results were inconclusive. “This guy pissed me off,” she says bluntly about the psychiatrist who assessed her. “Came out of it with, like, a ‘no.’ ‘Doesn’t seem like bipolar’, the psychiatrist said. ‘You don’t have the manic stuff... I think it’s just depression that is poorly managed’”, she remembers him saying. When asked whether this specialist considered her ADHD for the assessments, she tries to recall, “I’m sure I disclosed it to [the psychiatrist]... I [shared] my whole life, but they didn’t want to look into it. No, I wish they had considered my ADHD,” she says. Instead of considering ADHD, Lily was referred to several therapies and given a medication increase for her depression, but none of them felt like they addressed the root of her experience. “I felt like I was unable to cope with anything... like I lacked strength.” A specific term stood out for Lily, “the word that was used often was ‘fortitude.’” Alongside ‘lazy’, a lack of ‘fortitude’ became another identity she internalized. “That was the idea of myself that got logged– that was me.” Reinterpreting her life through a neurodivergent lens, she shares: “I don’t know that I was really that fucking depressed... I didn’t have the resources or the tools or the support... This world was not built for my brain.”

When asked whether the struggle is about ‘living in a world that expects you to be something you’re not’, Lily contemplates, “I think so. I think so.” With a new therapist, they’re now exploring Complex Post Traumatic Stress Disorder (CPTSD) and how it overlaps with neurodivergence. “It has a lot of overlap... it can manifest in a lot of the same ways.” She’s also reading about “acquired neurodivergence” – ways that CPTSD or bipolar II might reshape a brain’s development. “It’s all the same,” she says. “Like, how much of it you are born with and how much of it is rewiring.” Nothing is off the table on Lily’s quest for internal peace and truth.

“I don’t want to get too into the labels, beyond the way they can help guide your search for resources... or community,” she clarifies. But when asked if she feels the same way about her son’s autism diagnosis, she said, “I’m glad that we got him a formal diagnosis,” she explains, because of the access it grants. “The resources that are funded and paid for by the government are not available to him if he doesn’t have a formal diagnosis.”

When asked if she was deserving of resources, Lily paused with a bit of confusion. “Yeah?” she says with an unsure intonation. “But like, what are they? Do you know what they are?” She admits she’s not even sure what resources exist for adults like her. “There are no accommodations for ADHD... but that’s not a thing. So I mean, I’m deserving of it...” She also elaborates on the very real and challenging overlap of being a homemaker with ADHD, especially with the intersection of gender. “You’re so bad at ‘womaning’ if you have ADHD... you’re an extra failure...” She lists the impossible standards and expectations around having a clean house, being a perfect parent, a perfect wife, a host, and an organizational prowess, all while being emotionally regulated and achieving professional excellence. Then, there’s the shame and guilt of falling short. “The degree to which you are expected to be high functioning across a huge diversity of types of skills [as a woman]... You can’t falter, and there’s no one to ask for help.”

When asked whether ADHD makes mothering easier in any way, Lily reflects with some humour: “Well, I mean, I think it makes me a little bit more fun.” Through learning to accept her ADHD, she’s let go of rigid external standards and appearances, making space for a more grounded and authentic home life. “It made me just not care as much about appearances or unnecessary standards that are set by people who aren’t me,” she explained. In doing so, she’s become more attuned not only to her own brain but to the unique needs of her children: “It’s very much about parenting the children that you actually have. I think being ADHD makes me think a lot about how my brain works and makes me think about how my kids’ brains work... so I care and pay attention and understand

that I need to be responsive to the people that they are, not the people who someone wants them to be, not the people who are [described] in a parenting guidebook..."

Much of this learning emerged from her experience parenting her eldest son, whose autism profile includes what she calls "persistent demand avoidant" (PDA). She explains how he often gets stuck in a state of fight or flight. This led her family to adopt a "low demand lifestyle," which is a radically compassionate shift that includes letting go of strict daily routines and expectations around etiquette and social conditioning. Things like eating dinner at a table or even regular hygiene routines were no longer a priority; they focused instead on health, safety, and nervous system regulation. "I will be damned if our home and the way our family functions is going to create another barrier for him... It's challenging because his needs don't match up with his sister's and often don't match up with ours... It's not necessarily the life of parenting that I had imagined... [but] once this came into our world as a management tool for him, it was a game changer," for the whole family. "There's so much overlap in terms of the neuro-spicy fight or flight response," she notes, reflecting on how embracing their son's needs helped her and her husband to understand and honour their own. "Why do we [force] kids, and why do we [force] adults into misery just to uphold... what? Typical people's standards?" This 'failure to conform' has become an act of defiance, and Lily sounds very proud of this shift in perspective. "So yeah, like this has been a radical change of framing for us... the idea that, 'no, you can create the world that you need'", she jokingly and sarcastically questions: "my own family structure gets to be something that supports my own [ADHD] needs? Like, what?" Mind-blowing.

Before the arrival of her son, Lily admits she wouldn't have known how to name or even acknowledge those needs. "Those are the dirty, shameful parts of me that we shouldn't actually, you know, be accommodated for..." she reflects on her old framework of thinking by sarcastically stating, "I should be in a constant state of stress and constantly trying to be someone I am not and proving my worth." She agrees that in helping her son, she is also healing herself.

When asked whether she has experienced any barriers to seeking support, Lily recalls a visit with her family doctor from a couple of years ago to revisit her teenage ADHD diagnosis and inquire about treatment options. "She [the doctor] wanted me to go back and get re-diagnosed as an adult. The wait time to get that done in a way that was funded was definitely a barrier, but then the cost of doing it independently was also a barrier." Eventually, Lily decided, "You know what? I don't want to medicate for this anyway, so I don't need to re-diagnose what has already been diagnosed and what I know to be true." Her doctor proved to be quite a barrier in general: "My doctor is a little bit... she won't do anything without a second opinion. She's a huge barrier to a lot of things. Everything you go to her for, she gives you a referral to someone [or something] else." Even when Lily expressed curiosity about ADHD medication, her doctor was unwilling to explore options without updated paperwork: "She was not ready to explore that with me with just a diagnosis from my teens... which, okay, fair enough... but this is just one example... It's an ongoing saga with her."

V. Life as an Educator With ADHD: Advocacy and Systemic Change

In Lily's work life, she can't always tell where her natural way of functioning ends and where the compensatory strategies of masking begin. "I don't know how much of how I function is 'the work around'... versus how much is 'the masking.'" She admits, "If I'm perfectly honest, I guess I don't really know what 'functional' looks like?"

This uncertainty is mirrored in a pattern she has observed repeatedly throughout her career. "It'll be going great. I'll be doing really great and everything's great... And then I fucking burn out and I crash and I have to quit the job, like, that week." When asked what that crash looks like, she describes it as a total shutdown: "My mental health is fucked, my physical health is fucked... I have to crash. I have to go into hiding for months at a time." This "boom-bust" cycle, as she calls it, has defined her work history from the very beginning, even during summer

jobs while in school. Lily has come to recognize how masking and burnout are intertwined, especially in systems that reward overachievement without support, boundaries or leeway for people who experience or process the world differently. “All I have ever known is the ‘boom bust’... I’m doing great, I’m achieving... and then, I cannot. I cannot do work... I cannot answer to authority. I do not need to be at a certain place at a certain time.”

Lily does not shy away from being honest about her strengths, patterns and weaknesses, but she also doesn’t hold back calling out her college employer for some of the mental health struggles and barriers she was experiencing during the two years she taught at the college, the same one she graduated from in design, a couple of years prior. Lily describes a system that felt disorganized, unsupported, and isolating, especially for someone new to the role and without formal pedagogical training. “Honestly,” she shares, “the thing I struggled with is that I had no formal training as a teacher.” Lily had signed on to be a TA, thinking she would learn and work her way up to becoming a teacher, but was offered a contract to teach after her first semester and didn’t want to risk passing up the opportunity. Lily wasn’t even interviewed for the job. “I kind of expected there would be some sort of an interview? But no, they just sent me a contract.” In many ways, the institution’s practices seemed to operate on referral rather than clear vetting or professional onboarding. Materials were handed over with little to no guidance: “Someone would just hand you the content and be like, ‘See ya! Have fun!’” She was given the content way too late before the first day of classes, without support on how to do anything. Coupled with job insecurity due to contract renewals, Lily emphasized the irony of the situation, “It’s a bunch of [industry professionals] who don’t know how to teach being tasked with teaching.” She described being handed old slide decks with no notes, little direction, and a clear expectation to “make up a 3-hour lecture to this.” She expresses frustration as she explains how the unpaid labour, which required her to prepare and refine course materials, was immense. “I know that myself, and a lot of other [teachers] put in a lot of unpaid labour to improve materials.”

She clarifies that while this situation isn’t specific to her ADHD needs, it does highlight how “under-resourced the institution is in general and how “everyone is just scraping by.” The culture was overwhelmingly self-directed. When asked directly whether she received any formal training, she answered, “no.” She contrasted the part-time contract experience with the full-time onboarding process, noting that “full-time positions have at least one course that you’re required to take that is about pedagogy.” Meanwhile, Lily’s onboarding involved an e-learning on how to submit time sheets, “but there was no orientation to, like, ‘who do you contact for this [scenario]’” or “what is an Associate Dean? Who are they? Why are they emailing you?” She highlights confusion around roles and responsibilities, and who to go to for what. Because of this, Lily needed to rely heavily on her former teachers, now colleagues for informal support: “Everything was just so ad hoc, and you just learned from your fellow colleagues, in a good way, but also in a way that is not their job to be teaching you.” These colleagues did their best to help with both “how to be a teacher and also teaching you the content half the time” and navigating the department. When asked if she sought help from the college, she replied, “No. It did not occur to me. I thought, ‘I’ll make it work.’” Even when help was technically available, it wasn’t centralized or proactive: “You had to seek help from individual people.” She withheld her struggles from those in charge: “I didn’t want to ‘show my hand’. I don’t want them to know I’m struggling”, because after all, she was a contract teacher with very limited job security due to her lower seniority and risks of contract renewal. Lily grappled with the implicit pressure to “make it work” despite a lack of experience: “I didn’t have industry experience; I didn’t have teaching experience... so I’m not bringing very much to the table.” She named the lack of team structure as particularly isolating, noting that there was no teamwork or leadership.

The most poignant realization came when she began addressing her chronic pain while teaching. “In figuring out that I have chronic pain... It’s like the sensors turned on and I became hyper aware of it.” She recalled shuffling home from teaching in excruciating pain, not necessarily from the job itself, but from “the stress of having to function.” She now believes it was “having to mask and having to cope in an environment that was just not working for me.” When asked what that pain feels like in her body, she says: “Like a pressure. It feels like a tightening. I feel very trapped.” It also unleashes a flood of imposter syndrome: “Any minute now I’m going to drop a ball, I’m going

to fuck up, and I'm going to get found out for fraud." This constant vigilance takes a toll. "I have difficulty talking to people. I have difficulty with small talk... all these things that make interacting with humans so exhausting." For a long time, she attributed her socializing challenges to introversion or anxiety. But now, she's starting to see just how much her ADHD affects her life. "I definitely am realizing now, just how much of that is the ADHD stuff." This realization is especially significant when it comes to teaching, a profession she pursued both to prove something to herself and to create the kind of learning environment she never had. "Part of why I wanted to do it was because I wanted to push myself... I did think I would be good at teaching, kind of more broadly, but I had a lot of anxiety around the actual part where you have to be in front of people... You are responsible for the transfer of knowledge and one-on-one conversations with people... I found it so, so draining! Two, back-to-back classes, that's six hours [of lecturing]!" She describes moments of fulfillment when she could teach students in the way they specifically needed, particularly those with accommodations, and acknowledged, "It was really rewarding. But unsustainable." She gave her time freely, despite being unpaid for the extra support, because she understood firsthand how inadequate formal accommodations can be: "The main thing that schools can really provide in terms of accommodations is extra time and that doesn't cut it for a lot of people... Like, they're still doing [the assignment] the day before, whether it's now or two weeks from now... and I say this as a person who also does the same thing."

When it comes to inclusion in education, especially as a partial load instructor, she expresses her opinion with both solidarity and irony while describing the performative nature of institutional supports and academic accommodations; "a list of allowances," she calls them, that don't equip college teachers to actually teach differently. "Nowhere in any of that are teachers taught how to teach different types of [learners]... Like, properly trained teachers are taught [how to teach]... but not the riff raff [of instructors] they bring in to teach sessionally... I, myself, being the riff raff!" she clarifies, self-deprecatingly. She then brings attention to systemic barriers that keep both students and educators from accessing the help they need. "I don't know what the answer is," she admits, "but so many things about receiving an accommodation are just not very accessible to the people who need the accommodations." She shares examples of the barriers students face in advocating or not being able to advocate for their needs, depending on what their challenges are. "I had a student with ADHD who could not 'get their act together' to get their application [submitted] because that's the kind of [task] that is a nightmare for a person with ADHD to have to do."

Lily is feeling misaligned and disillusioned with her role as an enforcer of traditional institutional norms that are not keeping up with the times or evolving quickly enough. "It does not align with my values to be holding these young adults to this standard." She goes on to advocate for her students, but in a way it sounds like she is advocating for her younger self: "It's really easy to assume that it's just because students are all 'lazy' and don't want to work, but we assume they should just know [this stuff]" After her first semester of teaching, particularly in the wake of the COVID-19 pandemic, she noticed that many students were struggling with fundamental skills. "They did not all get taught how to be a 'good' [and obedient] student [during the pandemic and perhaps even post-pandemic]!" This realization was dumbfounding to her. The concept of "being a 'good' student, and how it's just a set of skills. It's behavioural!" It's constructed and it's learned. Instead of threatening, punishing and shaming students for lacking those skills, she wants to see a shift towards transparency and skill-building. "It's not about putting them 'in the box', it's about 'pointing out' the box," she explains. "We often take for granted that students should just 'know this stuff'... They don't [not all of them, anyway]." And yet, she calls out the teachers who have less patience, and how they are often the ones who succeeded in becoming educators as a result of being "good" students and "just knowing" how to do certain things. "We don't teach people how to 'school', and then you're punishing them when they don't know how? Such is the cycle of shame," she concludes.

On the topic of shifting from academic support for ADHD to general workplace support for ADHD, however, Lily is blunt: "Never even considered looking into it. Never." She wonders aloud whether that's a result of internalized shame around her struggles or the 'you're on your own' tone set by the institutions she's worked in. "The struggle

is so internalized and normalized for me that I don't think of it as a thing that can be helped." Even if help were available in the workplace, she admits she doesn't know what to ask for. "What does getting help for my ADHD as an employee look like? I can't imagine it." Her thoughts spiral into the burnout cycle she's grown used to: "What's ADHD? What's trauma? I don't know what's anything in my brain anymore."

When asked how she thinks ADHD is perceived in the workplace, she hesitates. "I don't know that I can say how ADHD is perceived in the workplace... I really don't know." But when the lens is shifted inward, she says: "No, [ADHD] it's not a disorder, and yes, it is a disorder, in the same way that a [physical] disability might not actually be a disability, it's just that our society is 'dis-able-ing.'" She articulates her view on this:

"We're all just walking around with brains. And these brains are doing what they're doing, and [frankly] our particular society is not set up for brains like ours... So, you want to call that a 'disorder'? Because I can't function well within your system? OK, sure, you can call it that if you want, but like, my brain is just 'brainning' and I'm not alone... There are many of us, and we [neurodivergent people] are essential. We are essential to the survival of our species, and we are an important part of why there is art and culture and innovation and ingenuity. The way our brains work does so many wonderful things! They just don't work on a certain timeline and scale and aren't easily controlled and managed without a set of parameters, and so... Yeah. If you are going to hold the line and say 'this is the way [systems] should [or need to] be', then yeah! I think you should accommodate us... I think that needs to be taken into account... but if you would instead prefer to dismantle everything, all of our systems and start over, change the entire world, well then, yeah, that would be great! Sure, call it a disorder, but if we're gonna talk about 'diversity' then, yeah... 'brain'! It's brain diversity!"

VI. Conclusion

While Lily is not currently interested in pursuing a formal ADHD reassessment or diagnosis, she's instead turning inward. When she thinks about existing ADHD support structures, she pictures productivity hacks, checklists, and tools, which are all geared toward managing or mitigating the deficits of the ADHD brain. But Lily is not interested in wrangling her mind any longer, and she is done with the shame. "I'm not looking to 'up' my productivity... You can take your productivity and shove it!" She says with unapologetic clarity and a touch of humour. "I'm not looking to do a better job at 'capitalism' right now, and this is a privileged position to be in, but at this moment, I'm not looking for [capitalistic] self-improvement... I'm not looking to be a better cog." Instead, Lily is choosing a radically compassionate approach to ADHD support: one that includes "giving myself the grace of functioning the way that I do." She continues, "I think just giving myself a break and working more on the internal narrative around shame... those are the supports and the resources that I've really been engaging with." Her current focus involves healing-based practices like somatic therapy and talk therapy.

Today, Lily is no longer teaching at the college level, partly due to institutional cutbacks in contracts due to lower enrollment, but also because, in her words, she was ready to move on. Still, she admits to missing it. "I really like teaching. I really like learning. I like the ideas around learning and how learning works." It's not the subject matter that excites her most, "I just like the idea of learning! That's what I'm invested in."

Looking ahead, Lily is rethinking what "work" even means. "I'm starting to realize how important the conditions of work [environments] are. They are more important to me than what I'm doing." Whatever her future looks like, she wants to prioritize adaptability and sustainability. "Maybe it's something low stakes and monotonous that provides routine... and I put more effort into my creative life— That's where I gain more purpose and spark." She recognizes the risk of pouring her passion into work environments that lack adequate support. "If I am super invested in the work, but the conditions don't work well for me, that's when the burnout comes." Lily is also healing from internalized expectations. While she declares, "I've broken up with that expectation," referring to the pursuit of a linear, prestigious, established career, she's honest about the fact that, "deep down, it's still in

there. But I'm working towards letting it go."

In ten years from now, internally, Lily hopes to feel more grounded, present, and in tune with her needs and intuition. She dreams of quieting her inner critic. "I know I will never silence it completely, but I would like the volume to be turned way, way, way down." Compassion, presence, and shame-resilience are of higher priority for her. Externally, she likes the idea of perhaps someday hosting wellness retreats and helping others. While she may not know her exact next step, one thing is clear: "[My] personal journey with learning and teaching is not over yet."

Participant Story 4:
What to Do with a Bleeding Heart and Compassion
Fatigue

The Life of Marigold

“The system is broken whether I have ADHD or not. The system is failing kids whether I have ADHD or not.” - Marigold (pseudonym)

Introduction

Marigold is a thirty-two-year-old who lives in a rural area with her husband, two young children, her dog, and chickens, and is a fiercely principled public servant who finds herself at odds with the very system she works within. Currently in the final stretch of her maternity leave, she will be returning to her elementary school classroom this fall in a part-time capacity.

A common theme that comes up frequently for Marigold is her need for control, which manifests in black-and-white, all-or-nothing thinking. ‘Control’ was mentioned 13 times, whereas ‘Black and White’ and ‘all or nothing thinking’ were mentioned 12 times throughout the course of our conversation. “The [need for] control is a thing in my life,” she says, “I don’t know where it came from... [but it’s] pretty much in every area in my life.” She admits that if she doesn’t have full control over a situation, in an all-or-nothing fashion, she loses complete interest or surrenders completely. “If I can’t have full control over a situation or circumstance, I don’t care; I fully let it go,” she says.

Marigold is learning more about herself in the aftermath of a postpartum mental health crisis that led her to uncover her likely, but still unofficial, ADHD, and is confronting just how unsustainable the role of elementary school teacher has become. “I want to get out of [teaching] because I find it really hard to balance my family with work,” she says. “It just demands too much and I have a bleeding heart... I fundamentally don’t agree with the demands of the system.” She describes a challenging paradox where compassion is costing her more than she can afford to give, despite her passion for inspiring young minds and building deep connections with her students. She explains how simply driving near her school building spikes her heart rate and causes anxiety. “Micro-traumas,” she calls them, which consist of years’ worth of compounded stressors, now living in her nervous system and manifesting as lower back pain in times of stress. “I’ve gotten to the point in teaching where I have to let go because I care too much and I take it home and I hold it in and I take things personally... I cannot fix the education system, so I need to protect myself and get out.” In a system she has no control over, she focuses on the bit of control she does have– “[I can] control my narrative and control my sanity and well-being,” and her solution is to leave.

She has always felt responsible for being the fixer. “I need to be the person who stands up to the system, and I think that’s what’s burning me out. The system doesn’t allow you to work against the grain, and doesn’t allow kids to fit outside the box. It’s dysfunctional and [nobody] is held accountable.”

In ten years, Marigold hopes to be out of the classroom entirely. “I just hope to have a handle and understanding on life in general so that I can be the best support to my [own] kids,” she says, and hopes to be “financially stable enough that I have a choice in what I’m doing for work because I hate feeling stuck.” Her family is being negatively impacted, and she feels a responsibility to do something drastic about it. She’s not yet sure what that future could look like.

Marigold’s story isn’t just about one teacher’s burnout. It’s about the unravelling that can happen when the system you serve expects everything and returns so little, especially for neurodiverse educators who struggle with balance, emotional regulation, executive functioning and justice sensitivity. It’s about modern motherhood, compassion fatigue, and the invisible labour that piles up behind closed doors.

“I get very heated about stuff because I’m very passionate,” she says. “I get misunderstood as being an asshole because I care.” Marigold’s story reflects the silent struggles of countless women trying to hold it all together in a system that rarely asks what they need and is expected to accommodate all kinds of diverse learners, without realizing they may be navigating their own very similar challenges.

II. Early Life: Academic Experiences and Upbringing

Marigold is the eldest of two sisters, with a 10-year gap between them. From an early age, she stood out as a high achiever who genuinely loved learning. When asked what she was like as a student, she says, “very academic. I was the teacher’s pet... I was called ‘the librarian’ in Grade 8.” While she never struggled academically, “I never had challenges in school,” there were early signs of boredom and under-stimulation, particularly in kindergarten. Her teacher recommended French immersion as a solution to keep her challenged, and it worked. She stuck with it until Grade 12.

Marigold doesn’t quite know where her need for perfection comes from, as she describes her upbringing as loving and without major hardship, trauma, or scarcity. She liked making her teachers and parents proud, and she took her role as a big sister seriously. She is protective and involved, “a mama hen.” There doesn’t seem to be too much to share about her home life, other than being a high-functioning student at school and a messy kid at home. “My room was always messy, especially as a teen. I had two friends who would always come over and want to organize with, or for me.” Her mother’s signature phrase, “get your shit together,” has followed her for most of her life, to which Marigold bluntly replies, “My shit will never be together!” Marigold humorously accepts her label as “the hot mess” in her family. Her younger sister, in contrast, is described as “the absolute polar opposite of me. She never drinks, she’s not a huge risk taker, very conservative, goes to bed early... A straight and narrow kinda gal” through her teen years and adulthood.

Marigold describes herself as having had a “fine” temperament growing up, though she admits she was often “sassy” with her dad. “We’re very similar,” she reflects. Now, with more awareness of her undiagnosed ADHD, she can’t help but wonder about him. “I look at my dad now and I think... ‘Well, if the nut doesn’t fall far from the friggin’ tree!’” While she never would have guessed he might be neurodivergent when she was a child, she now sees traces of herself in him. “I never would have thought that [my dad has ADHD] growing up. Never.” Their tendencies may overlap, but she describes her dad as a “typical man of his generation” who struggles to process or express emotions.

At school, her parents never needed to apply overt pressure to do well. “It was never like, ‘you’re grounded,’” she says. But there was an unspoken standard. “If they knew we were capable, they would say, ‘You can do better than this.’” Most of the pressure, though, came from within. “It was more intrinsic... I wanted to do the geography projects perfectly. I wanted to have my presentation perfect.” Her academic strengths leaned heavily toward languages and the arts. “Languages. Definitely... I was always better in languages and the arts”; however, math was a consistent challenge. Her dad, who worked in logistics, always emphasized its importance. “I took data management, nearly failed it... I started with a 62% at the beginning, got a tutor, and then I think I finished with like an 81 or something.”

Her high-achieving mindset carried her well into high school, until she realized she could “coast” and still succeed. “It was probably Grade 10 when I was like, ‘I don’t have to be like this and I can still do well.’”

In comparing her symptoms to research outlined in the literature review, Marigold’s reflections describe early signs of inattentive ADHD that are manifesting as boredom and messiness despite her academic strengths and perfectionism. These traits seem to have been masked by her strong performance, rule-following nature, diligent work ethic, and all-or-nothing mentality. “The boredom,” as she describes it, would appear when she lacked mental stimulation or a sense of control. She remembers the day her attitude toward reading changed: “I didn’t like reading until my Grade 10 teacher said, ‘You can do this book report on literally any book you want.’... I didn’t enjoy reading until I had a choice over it.”

When asked when Marigold stopped enjoying learning, she corrects me by saying she has always loved learning

and still does. “I still enjoy learning and educating myself, but I like to do it in a way that I want to do it and in [subjects] that interest me rather than being told what I must do.”

III. Post-secondary education and career trajectory

When it came time to choose a career at the age of 18, Marigold admits that taking a gap year between high school and university was not an option in her household. While teaching was a career option on the table, she kept her options open by doing a generalized degree in geography and French rather than taking a 5-year specialized degree in concurrent education. Pursuing a certificate in teacher’s college upon completing her general degree and becoming a certified teacher felt like “the path of least resistance... with my parents.” Whether it was a lack of self-confidence, readiness, or her people-pleasing, she’s not sure. She says, “I didn’t know what I wanted to do, so I continued on doing what made the most sense at the time... Instead of saying [to my parents] ‘I don’t know what I’m doing... I’m not going to teacher’s college because I actually don’t want to do this’... I just did it.” Teaching was meant to be a backup plan, but, like many women who balance ambition with the need for security and the pressure to choose from too many options, Marigold eventually entered the public system out of practicality. She needed routine, a reliable income, and the kind of structure that would support the family life she had envisioned for herself.

In university, Marigold lost much of her flair and passion for learning and high achievement. Instead, procrastination took over her life with imminent deadlines. “I’m gonna start a paper that is due tomorrow at 8:00 AM, tonight at 11:00 PM. So we’re picking up the 2, double doubles (coffees) – we’re hunkering down overnight, and carrying on.” When her mom would challenge her methods, she would rebut with: “Mom, somebody hiring me down the road isn’t looking for a 92 on my papers, they’re looking for if I have my degree. So I can get my degree with 62 and still have fun the rest of the time.” Marigold attributes this attitude to her black-and-white, all-or-nothing thinking.

Marigold describes her ADHD symptoms as going largely unnoticed to the outside world for most of her life. “People looking at me wouldn’t be able to tell. But if I started talking about my patterns... then okay.” Her friend from teacher’s college, however, recognized it instantly: “I knew the moment I met you.” She noted the boredom, impatience, the disruptions and distractions brought on by Marigold during their classes in teacher’s college together. “I did not enjoy any of it,” she confesses bluntly. “It felt like a waste of a program, to me.” She attributes her disruptiveness to boredom. “I think I was disruptive because I was bored, so I would make a comment to get people laughing or just spin my chair or tap stuff... just because I was annoyed that I wasn’t stimulated.”

After graduating from teacher’s college, Marigold still resisted applying to the public-school board. Instead, she spent a year juggling multiple jobs, however, still within the field of ‘teaching’. She worked in outdoor education and tutoring, which involved occasional overnight facilitation on weekends, and also worked at before-and-after-school programs with children at the YMCA. While this schedule was dynamic and stimulating, she admits that it was not sustainable, and recalls making no money despite the taxing workdays. She knew she wanted flexibility as well as a family someday, and the only way to earn a steady paycheck was to apply at the public-school board and get into the system. “Cool,” she says, resentfully. “The only way to make actual money doing this [teaching] is to go into the system.”

Marigold reflects on her career: “I’m realizing more things about my life as a result of ADHD. Decisions and choices are starting to make more sense. I know that my parents had expectations of me... they knew I could do well, so I wanted to prove that [to them].” Marigold says, “But I still wasn’t sure of myself enough to choose [a career] and I still don’t know what I would be doing if I hadn’t become a teacher.”

IV. Adult Life: Motherhood and ADHD Awareness

Marigold shares what her life was supposed to look like while on maternity leave, and with a tone of disappointment in her voice, she says, “I was going to have all this time for [house] projects... I was going to deal with all these things that have been neglected for the last year... And then I get this beautiful ‘Velcro’ baby that will not leave my body.” She is hard on herself as she questions her own judgment: “But then again, am I using him [the baby] as an excuse to not deal with this stuff?” Marigold is still trying to navigate and unravel the layers of shame, expectations, and black-and-white thinking that have come with over 30 years of undiagnosed ADHD. The relationship between her priority sequencing, executive functioning, and self-compassion is still finding its stride. “I go through classic ADHD spells of getting really ‘into’ something and having big intentions... and then it flops. I’ll buy the journal intended for journaling, the planner intended for time-blocking; I get on these paths of exciting stuff and then I go nowhere with it.”

Marigold’s real awareness of her ADHD only surfaced a couple of months ago, about a few weeks after the successful home birth of her baby. Within a few weeks of having her son, she was being treated at the hospital for postpartum struggles with goals that seemed out of reach. “So, I’m already going in [to the hospital] with a chip on my shoulder,” she recalls. “I’m obviously exhausted. I’m crying... I don’t want to be there.” It was during a screening for postpartum depression that a doctor, whom Marigold described as “the best doctor”, spoke words that resonated deeply, which opened a sense of emotional safety. Describing her black-and-white, all-or-nothing expectations about what parenting a newborn was supposed to look like, Marigold confesses, “[Staying awake and not giving up] is how I can stay in control of this situation. If I just keep going [it will work] ... I hadn’t realized at that moment that I wasn’t sleeping enough... I was only getting 45 minutes [of sleep] at a time, but when you get a total of 6 hours [of sleep] over 5 days...” She was not allowing herself to rest. After listening to Marigold recount her stories, challenges, and mental frameworks, the doctor said, “I am that way too. What you’re describing is ADHD.” As the doctor explained further and described Marigold’s symptoms and experiences, her husband lit up: “She, she knows you. She literally just described you.” Some relief in this moment of fear, Marigold was instantly put at ease, thinking, “Oh. Oh! [ADHD] is a thing?... Cool. Okay, this is normal... I’m not crazy... and she’s very successful, I mean, she’s a doctor [with ADHD]!” She explains this doctor with ADHD as very well-rounded, but most of all, “just very human... And I think that’s the piece that got me, she saw me for who I was instead of just saying: ‘Hey, here are some drugs,’ instead.”

Marigold reflects on a past crisis from a few years ago stemming from personal struggles compounded by a highly negative and challenging teaching assignment. This situation triggered reactions and behaviours similar to those she experienced during her recent postpartum struggles. At the time, her internalized shame and turmoil led to a five-month leave of absence from work, which prompted her to seek help from a psychologist. “I went to a psychologist to run a whole gamut of tests to see what’s wrong with me, and nothing came up,” she explains. Out of desperation, she pleaded with the psychologist for a reason, any diagnosis explaining why she was feeling and behaving this way: “I was like: ‘Find bipolar, find depression... just find something– lay it on me!’” But she left with no diagnosis and no answers for her highs and lows, her “snappy” attitude, or her black-and-white, all-or-nothing thinking. She reflects on this long assessment, wondering why ADHD was never considered or even brought up. “I feel deeply,” she said, questioning if she was “an empath,” had anxiety, or depression. Her responses to emotional upheaval were often deeply internalized.

When Marigold’s ER doctor validated her experiences as ADHD-related, Marigold felt seen. “It was like she had taken a piece of my soul and put it on a platter. I was like, ‘Oh wow, you get me.’” Since then, she’s been doing a lot of her own research on ADHD. She now sees that her symptoms align with traits of inattentive ADHD, although she struggles to identify with the term Attention Deficit Hyperactivity Disorder (ADHD), as she believes it excludes inattentive-type-identifying neurodiverse people. “Mine is more mental... If ADD (Attention Deficit Disorder) were still a diagnosis, that would be me,” she clarifies. She is learning the language to understand herself better. Concepts like black-and-white thinking, priority sequencing, emotional dysregulation, and perfectionism are symptoms she resonates with. “I don’t have the capacity to suppress my emotions, so they just come out and I

move through them... I always thought that I thrive in chaos because I do better when there is a lot going on... But also, that's not sustainable long term."

Despite this validation of her presumed ADHD, Marigold still hesitates to claim the [ADHD] label fully. "At this point in my life, it's not gonna change how I do anything... To put a label on me is not going to help." She acknowledges that while a formal diagnosis could potentially lead to exploring medication, which she is still considering, she doesn't believe that it would do much for the root of her challenges: "It's not going to change my life... Personally, I don't think it would affect me to say, 'Okay. I've been diagnosed by a doctor, or I'm aware that I have ADHD.'" She was validated by an ER doctor with ADHD, and that feels enough for now.

When looking back, she suspects signs of her ADHD were always there. "You'd have to come into my house [to see the full effect of the ADHD]. It's that all-or-nothing mentality." She describes it as internal and hidden from the public. But at home, "It's all or nothing," she says, "I'm cleaning this whole thing [in one go] or not doing it at all. I'm gonna finish this whole paper [in one night] or I'm not doing it at all." She recalls creating elaborate cleaning caddies with laminated cue cards for each bathroom: "But did I ever use those? No. But I had a lot of fun making them." She is the type of person who will gladly and almost effortlessly plan a whole wedding in 30 days. This contrast between planning and execution defines much of her experience. She recognizes her difficulty with starting tasks unless the conditions are perfect or motivating: "I'm only gonna do it under the most perfect circumstances... In my mind, if it's not done, then it's not a success because it's not finished... I don't want to start [a project] if I know I don't have time to finish it. I could [technically] do it in 15-minute chunks, 4 days in a row, and get it done in 4 days rather than letting it sit there for 4 months." Marigold admits that she is still working on her attachments around expectations and goals. This attachment has turned her house into somewhat of a "hoarder's paradise." She explains her reasoning: "I'm keeping cardboard boxes because, you know, I need cardboard boxes to get rid of stuff. So now we have a tower of cardboard boxes in the dining room right beside the crock pot that I'm gonna use that hasn't gone back downstairs beside the pile of [Facebook] Marketplace totes that I need to sell." She describes her home and her life as organized chaos, with lots of sentimental things collected and gathered in boxes: "I'll deal with it later," is the attitude, but she can't seem to get to it.

There is a tug and pull between needing full control and biting off more than she can chew when it comes to her household. Yes, her family might live out of laundry baskets for weeks on end, "but if I need to take [the kids] to see the naturopath and order them all these supplements and [follow] this [detailed and strict] protocol, I'm on it." Her priorities are clear, and it's all or nothing. She either cares too much or not at all, and right now, her kids have all her attention. "I've never really thought about what things I choose to follow through on [versus] the things I don't, because I know I'm capable of doing whatever I want to do. But obviously, if you look inside my house, that's not evident."

When asked what barriers she faces most as a mother with ADHD, she describes executive functioning around household responsibilities with the suffocating, never-ending tasks of teaching. "You could come home and work from after dinner or after your kids go to bed until midnight every night, and there's still something you could do [work-related]. Your work as a teacher is never done." She says, "There is always something that you could do more of, and for me, I think that makes me feel almost insufficient because I can never say, 'Yes, I did it, I completed it,' there's always something else that could be done." The lack of closure on tasks is very difficult for Marigold, especially when her work life seeps into her personal life; her personal life becomes affected. She says from the outside, everything looks manageable and maintained. She clarifies, "Manageable to everyone else, and then inside my house is a disaster... Inside my body? Disaster. I mean, I'm stable... but I'm also a cluster inside all the time... I am hard on myself..."

Instead of depicting numbing out on the couch as a method of 'recharging,' she describes it as 'sabotage.' "I spin my tires," she explains metaphorically. "I go home and try to get through a bunch of marking, but really, I'm just

sitting there [in paralysis], like, dreading the next day, crying to my computer.” Her perfectionism can’t seem to afford her rest because “I need to see these things through to, you know, impress this person or show this person that I can do it.” Her only other option is to choose the other extreme: “I don’t care. It’s not getting done.” The black-and-white, all-or-nothing mentality. She says, “I would rather give my kids my presence now than the pile of crap in my dining room.” She explains her defence mechanism: “Rather than allow myself to feel shame that my house looks the way it does—because that’s really easy to do—I just play the ‘I don’t give a shit’ card... I know I ‘should’ be able to do it... I know that, internally, but I’m not gonna let anybody else tell me that.” When her father is coming over, she gets ahead of his criticisms by saying, “Just so you know, my house is a flipping disaster. Deal with it.”

V. Life as an Educator With ADHD: Advocacy and Systemic Change

“What I like about teaching is the connection I get to make with kids, the inspiration I can give them, the different perspectives I can give them, and knowing that somebody believes in them. So I think it comes down to connection, [and] being somebody in their community that they can rely on.” Marigold shares what she likes about teaching and says, “working with kids and youth is what keeps me there [her school], and that is what keeps me going... the connection with kids.”

Marigold looks back through the lens of an undiagnosed neurodiverse educator and describes how she would always find herself “derailing conversations and going off on tangents... like, very in the moment,” which would sometimes get her into trouble. She recalls, describing a classroom moment when her pregnancy became an impromptu biology lesson. “There are teenage girls here that would benefit from knowing about their body,” she reasoned, choosing to show her students a diagram of a placenta and explaining how it works. While some parents emailed her to say, “thanks for doing that... my daughter really appreciates that you took time to go through the real stuff,” the administration warned her against repeating such lessons due to other students’ needs in the classroom, such as a student who would easily become derailed by such topics. To prevent the student from having the class evacuated, she was advised to stay on topic and allow for those areas to be covered in the scheduled health class on sexual health. “You have to keep it within the structure of the curriculum,” she was told. This moment represents a recurring theme in Marigold’s teaching experience as friction between her instinct for authentic, human-centred education and the rigidity of the school system. “So that piece for me feels like I can just never be successful,” she admits. “The system is so designed to not meet kids where they’re at... We’re dealing with 27 unique individuals. Every single one of them has come to school with a different story that morning, and we’re just sitting down and all learning math in the same way... It’s just mind-blowing to me.” Despite these challenges, Marigold sees the heart of teaching as an emotional presence, and she explains the dilemma she feels when a student comes to her in need of a hug or a heartfelt conversation, but she also stresses, “I could get written up for [giving them a hug]”. She understands why certain rules exist, “but at the end of the day, if I have a connection with somebody... why do I feel guilty giving it to them?” Whether it’s a hug or a conversation, Marigold lives in a constant state of hyper vigilance. She can’t even joke around with the students without worrying if she has crossed a line. “[Joking] has kinda gotten into a gray area too, because, how far do they go with joking? I’m not their friend. I need to remain the teacher.”

For Marigold, the human connection with students is not optional; it’s foundational. “I’d rather kids have somebody real. Have somebody that they know they can count on, they can learn something from and guide them” she says, asserting that connection outweighs perfect paperwork. But it comes at a cost: “I can’t juggle all the balls. Something has to drop, and for me, it’s that [administrative] piece before the human connection.” The workload of report cards and tracking data often overshadows the parts of the job that matter most to her. “Report cards are a joke,” she says bluntly. She loves writing the “learning skills” for each student, but feels challenged and drained by the “nitty gritty” details needed for each assessment. The subjectivity of assessment also frustrates her: “There’s no universal ‘student knows this and this and this, so they got 80%’”. While there is a reporting document and

guidelines to help teachers write their report cards, the teachers are still creating their own rubrics and grading differently. She says, “Well, how do we know how kids are really doing when my method of assessment is way different than everybody else’s in the building?”

Marigold is preparing to return part-time after her maternity leave, and with a new awareness of her presumed ADHD. When asked if the ADHD awareness might affect her teaching style, she says, “I think I’ll still be the same. I’m just more aware that I’m crap at the assessment piece.” When asked whether she holds shame around this, she replies candidly, “I mean, I do, but I can’t do everything.” She considered applying for jobs at the board level with hopes of advocating for students at a systemic level, but knows she would never do well in those jobs, stating, “I’m not a ‘yes’ person if it’s not what our kids need. I don’t fit the mould with what their plans are.”

As for disclosing her neurodiversity at work? “Yeah, I don’t know that I would say like, ‘hey, I have ADHD and this is how this works for me.’ The system may be becoming more aware, but it hasn’t yet created conditions that feel safe for full disclosure.”

“Here’s my thing with the system,” she elaborates. “We have so much behaviour and ‘must do’ in terms of meeting curriculum expectations, etc., that it’s not even conducive to differentiation anymore. I literally was in survival mode last year, and it broke me that I couldn’t tap into my kid with autism, and my grade 8, who couldn’t read and my other one with really low social skills and high anxiety... Like it still bothers me that I didn’t have the capacity [for each individual’s needs].”

When sharing her ideas about how the system could change, she says, “The whole system needs to change. ADHD should definitely be a part of DEI [in the workplace].” She emphasizes this by comparing her ADHD to her husband’s and how, between the two of them, they function very differently. “What it would take to engage him vs me would be so different.” In the school, she believes training should start with teachers. She is frustrated that she only received one psychology course in teacher’s college. “Teachers need way more training on how to teach these diverse thinkers. Ultimately, the whole education system itself needs to change and the way teachers are trained needs to change. ADHD is real. It’s more prevalent and more diagnosed.”

VI. Conclusion

“My mom used to say, ‘if you’re impacting one student a year, you’re doing a good job, you’re a good teacher’... blah blah blah.” This sentiment from her mother does not satisfy Marigold. “I know I could be impacting more than one kid a year, but now that I have my own kids, those are the ones that take priority and the ones that I need to make the most impact on.” For Marigold, the only way to have enough energy for her kids in the evenings and on weekends is to emotionally detach from the job. She says, “I wish I could just scale back and tell myself that I can never do it all. As someone who is a perfectionist, I like to feel like I’m making an impact.” In her all-or-nothing way of thinking, she believes this crisis is her cue to leave, because she doesn’t see hope in this system that is not changing quickly enough with these changing times. While she knows her ADHD is not officially diagnosed, she pleads, “The system is broken whether I have ADHD or not. The system is failing kids whether I have ADHD or not.” Marigold’s story reveals the tension between obligation and authenticity that many educators, especially women, carry beneath the surface. While Marigold did everything “right” on paper– she earned her degree, got certified, pursued stability, her path into teaching was never one she consciously chose, but is one she embraced and takes pride in. Her path into teaching, while shaped by external expectations, financial pressure, and the unspoken message that taking time to explore one’s desires is a luxury not afforded to everyone, she has still embraced it fully, but will not live inauthentically. She continues to grapple with the weight of her multiple roles as educator, mother, partner, and caretaker of a busy home life. Her sense of duty often comes at the expense of self-exploration, regulation, autonomy, and joy, and this is a reality many dedicated teachers face.

Marigold offers solidarity in telling her story to those who also “took the path of least resistance” when choosing a career path, only to find that resistance still follows them in other areas of their life, especially as an undiagnosed neurodivergent.

Participant Story 5:

From Haze To Hue

The Life of Lavender

“I relied on other people to help me, and it was up to me to get help, but I never gave myself that opportunity because I didn’t even know it was an option... I wouldn’t be able to say this unless I actually understood what I experienced. Now, I see through the fog. The fog is gone. The fog has dissipated and I see true colours.” – Lavender (pseudonym)

I. Introduction

Lavender, a thirty-three-year-old wife, dog mom, and former college instructor in design at a notable Ontario college, shares more than just her journey into post-secondary teaching. She shares what it was like growing up in the nineties and early two-thousands with diagnosed Obsessive-Compulsive Disorder (OCD), undiagnosed Attention-Deficit/Hyperactivity Disorder (ADHD), and anxiety in a presumably neurodivergent family with a history of mental illness. She reflects on having grown up with no tools and no language for what she was feeling or experiencing, and describes the lengths she is taking now to make up for lost time, understanding and accepting herself fully.

Lavender describes herself as multi-passionate, creative, and highly motivated, very analytical and intensely introspective. Her late ADHD diagnosis helped illuminate the paradoxical and often conflicting dynamic that can occur between hyperactive ADHD and OCD. These two conditions sometimes work harmoniously through their need for dynamic structure and control, and in other ways, they are very much at odds with each other, given the sometimes forgetful and impulsive nature of ADHD, compounded by the anxiety-ridden and fearful nature of OCD. Where ADHD thrives in chaos, OCD demands control, and the result can be a very busy mind stuck in chronic overdrive.

As our two-and-a-half-hour conversation comes to a close, Lavender describes what she hopes to achieve in ten years from now: “Within ten years, I hope I’m a calmer, more mindful person,” she says. “I don’t mean muting my ADHD, just being more mindful.” She wants to limit the cycle of unhelpful rumination and the worry over saying the wrong thing, and acting the wrong way, something she describes as an endless loop of “should haves” and “should not haves.” Most of all, she says, “I really hope that within ten years from now, I can get past this obsession with pleasing [others].”

Lavender’s story is about the compounding and complex layers of trauma and comorbidities in neurodiversity, and how they can be understood, misunderstood and internalized in adult women, not just via social pressures and expectations, but by the women themselves. Constant emotional labour is needed to reconcile external pressures with internal expectations, and to be able to shapeshift and navigate environments where being different could lead to exclusion. Lavender describes putting a lot of effort into suppressing and/or masking traits that might be stigmatized, especially in social situations and work environments.

In this narrative vignette, Lavender bravely and vulnerably shares her inner world, contributing to a deeper understanding of how stigma, both external and internal, shapes identity, belonging, and the stories women tell themselves.

II. Early Life: Family Influence and Academic Experiences

When asked what kind of child she was, Lavender is quick to say, “the crazy hyper kind... I can’t sit down. It’s why my parents put me into dance, so that I could have an outlet to spend all of that energy... I was such an insane kid.” She recalls other parents whispering to hers across the dance floor, “How do you handle her?” Even then, her energy was something to be managed. She compares herself to something like a hyper dog, and notes how her parents needed to fill her evenings with activities just to tire her out.

In the classroom, “I was bouncing off the walls,” she says, “I was fidgety, constantly fidgeting, but very participatory in the classroom”. Because she was academically engaged and eager to impress, she flew under the radar, potentially leading to her hyperactive ADHD going undetected by her teachers.

The word “devotion” comes up in every phase of her life. She devoted herself to her parents, her church, and her mentors. In school, she was the ‘teacher’s pet’, but “the cool teacher’s pet,” she clarifies. She was the one who

answered questions, stayed late to ask more, volunteered to help, and absorbed every bit of approval that came her way. It wasn't just about learning, it was about being seen, and she agrees it was related to safety and self-protection: "100% it was a safety thing" by "wanting approval; always having someone to impress". That validation wasn't something she received much at home, but at school, if being a good student and a good person could be a form of nourishment, Lavender was always hungry. "I will put 1000% into anything I touch. You give me a project, and I'll put my blood, sweat, and tears into it, even if I'm not good at it."

Lavender's intensity and devotion found an outlet in competitive dance, which was a world fully embraced by her over-invested parents. Dance wasn't just an extracurricular passion; to Lavender, it became the glue that held her family together, a pressure she carried for too many of her formative years. "You cannot give up dance because it's the one thing that's successful in our family that we're holding on to" – she describes what that pressure felt like, especially during periods of financial uncertainty for her family. From the outside, they looked like the perfect family, and for a long time, she enjoyed how dance brought them together. Her father became known as "the clown of the studio... people would know my dad before they knew me," and they participated in father-daughter "silly numbers" and performances. Her mother did her hair, makeup, and costume selections. But Lavender shares how household finances were funnelled into her talent and potential as her dancing career took priority over their family vacations, household budgets and other personal hobbies and interests. She remembers the guilt from her mother saying, "We can't go on family vacations because we're spending money on your dance. So you better go to that [dance] class." The investment into her dancing career became an unhealthy obsession, leading to a total of six ankle surgeries for Lavender by the time she eventually quit at twenty. The pressure was immense, especially given a complicating family dynamic involving addiction, financial insecurity, and mental illness. Lavender shares how her mother's undiagnosed borderline personality disorder blurred the boundaries between encouragement, enmeshment, control, pride and possession. Dance became more than a passion, it became a shared identity, and a duty to perform: "I thought I had the best mom and the best family anybody could have had. I thought I was the best person ever, and that nobody else could be better than me," she painfully recalls, "I've gone through such pain discovering what my mom has (borderline personality disorder), and what I've experienced. I didn't know that what I was experiencing was toxic and different. I thought it was normal. What I thought was beautiful was actually destructive."

The toll of this upbringing seeped into every area of her life with a relentless seven-day schedule. She describes her childhood as a kind of "Groundhog Day" with little space for unstructured play and spontaneity. There are barely any childhood memories that do not involve dance.

At thirteen, she embraced her individuality, walking the school halls in lime green and black striped tights, a layered checkered skirt, high boots, a Slipknot t-shirt, and dyed hair. Lavender also recalls getting bullied in school, which she attributes partly to having been a high-achiever, and "a sharp kid", but also because she simply didn't fit the mould. "The popular girl was always threatened by me because I was always different. But I was good at what I did and I think that was how I shined," but when she grapples with the memory, she confesses, "I would almost hate myself because I was different, but then I would strive to be different," an incongruity that followed her into high school, where she learned to shape-shift, conforming to trends just enough to blend in, while still floating between cafeteria tables to avoid becoming too entrenched in any one group, giving nobody a reason to dislike her.

Academically, Lavender describes struggling in school because of her strict dance schedule, but she thrived in creative and technical subjects such as computer class, tech, photography, dance, and drama. She loved science, but she struggled with it, and by tenth grade, she let it go. She regrets this now because the absence of certain subjects closed doors on university degrees requiring math and science. She prides herself on her analytical mind. "I did the five strengths quiz, and my top strength was analytical." Prioritization, organization, pattern recognition, compartmentalization: these are her gifts, but after years of no support, these gifts come at a cost.

"I over self-reflect," she admits.

Another institution she was devoted to during childhood was the Catholic Church. Six days a week, she danced, and on Sundays, she attended mass. Her upbringing was overwhelmingly shaped by hierarchy, submission, devotion, and a deep respect and trust for people in positions of authority. Every Sunday, for the first decade of her life, she sat in church absorbing not just the words of God but the catastrophic thinking, emotional mind games, and guilt-driven teachings of her mother, which constrained her autonomy, agency, and peace of mind.

Lavender shares her untethered spiral into two years of extreme paranoia and obsessive compulsivity after her mother and brothers abruptly decided to stop attending church. While the compulsions had always been there, this break in routine without the guiding framework of religion consumed her. The voice inside her head became the spiteful voice of God that told her she was a bad person for not attending church: "I had this deep fear of death," she says. "I thought that God and Jesus would kill me in my sleep if I messed up... and so I would sit there and think of worst-case scenarios." Knocking on wood to deflect bad luck or energy became a full-time endeavour and a desperate ritual to ward off catastrophe. Dance floors provided no refuge for knocking on wood. She temporarily lost her friends as a result of this strange and all-consuming behaviour.

For two years, paranoia, compulsion and superstition dictated her every move. While superstitions are common for average people, for Lavender, they were desperate strategies for survival. She says, "Any new superstitious thing that someone told me, I would become obsessed with it". Their intensity, frequency, and grip on her daily life were what made them unhealthy.

While mental health awareness was "non-existent" in her family, after two years of suffering in one of her darkest moments, a pivotal moment occurred. Her father, who had been concerned but characteristically passive, offered her a pamphlet about OCD. She reflects, "[my dad] sat me down on my bed, gave me the pamphlet and said: 'I've been noticing you doing some things lately, and it sounds like the things in this pamphlet. I just want you to read it, and see if it sits with you.'" To this day, Lavender has no idea where he found it, and they haven't spoken about it since. Lavender usually resists giving her father credit for much, but in this instance, she believes without any doubt that he saved her life that day.

True to the "all-or-nothing" nature of ADHD, her newfound awareness of OCD from an information pamphlet was enough to stop the wood-knocking completely and instantly. The moment she understood her OCD for what it was, the awareness was enough to propel her into action: "the fear of living with [OCD] for the rest of my life got me [to stop]."

Lavender touched on her eventual departure from the church. At twelve, she returned to church with her father in an attempt to reconcile the internalized fear that had consumed her, but by fourteen, she was no longer in alignment with the Catholic Church and began forming her own opinions and embracing self-expression. This new and fresh perspective made navigating bullying a little easier, and also helped her distance herself from her mother's influence.

At fourteen, Lavender left the church. By seventeen, she was a ballerina with pink and black hair and a tattoo. By twenty, after her fifth ankle surgery, she was advised by a doctor to quit dancing. At twenty-nine, she got diagnosed with ADHD by her psychologist, and by thirty-one, she legally changed her name and ceased contact with her mother. Three pillars of her identity dissolved, and in their absence, she finally began to figure out who she was in her thirties.

III. Post-secondary Experiences and Career As An Educator With ADHD: Advocacy and Systemic Change

Lavender holds two design diplomas from the same college institution. While she regrets not having been able to pursue a Bachelor's degree in her respective field due to a lack of high school science and math credits, Lavender made an impression at her college, and an instructor who recognized her skillset and work ethic hired her as an employee for his design firm. A few years after she graduated, Lavender was invited back to the same college to teach in a partial-load contract capacity: "No, it was never a goal. I never thought I'd be a post-secondary teacher," she clarifies. Imposter syndrome loomed, but she rose to the occasion and poured herself into teaching headfirst, and taught for the next five years. When asked if she ever felt the need to overcompensate, without hesitation, she says, "100% I had to overcompensate. I had to be louder, and my students had to be better. I would take pride if my students were doing better or being better." She was adored by students and staff, but she also remembers the toll of the job. Her emails became excessively detailed, "twice as long as other people's emails," to ensure her students knew she cared. The power dynamic between herself and her students felt "weird;" however, as she was granted authority for their future in the program, but held no job security of her own at the same time. Lavender describes herself as having felt weighed down by the emotional toll and responsibility not just for her students' academic futures. Many contract college teachers also have careers outside of teaching; Lavender was no exception, and she had client obligations to meet on top of her teaching responsibilities.

Despite her passion for teaching, she prioritized her students and department needs over herself, often staying late, pouring hours into grading, prepping, announcements, and emails. She reflected on her experiences managing diverse student needs while navigating her own ADHD (which went unnamed until she had already been teaching for a year), something manageable but at the cost of her own time and mental load. Minimal training and support made this work culture especially difficult. "Am I qualified? Can I do this?" Lavender shares, "We were never trained how to build lectures, how to teach a class, how to control a class, how to deal with a disgruntled student, how to handle a surprised parent—none of that we were taught. We weren't helped or supported at all, in any regard, in how to build accessible lessons." Illustrating the isolation further, she explains, "I built all of my [specific class's] lessons. Came up with them, and there's nobody to talk to. 'There's nobody [management] to impress.' The fear is that by expressing any vulnerability or by pushing back, contract teachers could put contract renewal at risk. This led Lavender to internalize her struggles. "Well, everyone else can obviously figure this out, so I should be able to figure this out... I can figure it out!" She exclaims, "I signed up for every free training and workshop I could find," she says. Sometimes, she even paid out of pocket for mini-courses. She remembers taking a [Learning Management System] course on digital teaching during the pandemic. "I literally said to myself, 'I wish I knew this years ago!' I wish I had these tools and abilities years ago because I would have taught so differently! And after that point, I did. I taught so differently because I had tools and I knew how to use them."

Lavender acknowledges the pressure teachers face, especially those in contract positions where job insecurity is a real threat. Because college teachers are only paid for the hours they are in the classroom, all other time spent working behind the scenes is up to them to determine and manage. "[I] didn't know when to personally stop the task—like, I just kept working... that incessant need is disgusting." Lavender wonders whether she and her neurodiverse colleagues ultimately earned less than their neurotypical counterparts, who could afford to either 'care less' and/or complete tasks more quickly. She also wonders, "maybe the way I built out my exercise sheets didn't work for some students because I built them as a neurodiverse person, thinking: 'what would I [as a student] need?'" She contemplates how this lack of support and streamlining by the institution may also hinder her students, because again, she wasn't given any training on lesson building. Lavender strongly advocates for college institutions to streamline and invest in proper training for new and senior teachers. She also recognizes her dysfunction in overcommitment and the lack of personal boundaries within the department in her effort to be supportive, liked, and considered a team player, all while working overtime without compensation.

On the topic of boundaries, she recalls eight-hour team marking meetings with her program coordinator and teaching team during the pandemic. "Breakfast, lunch and dinner... our marking meetings were just so long".

While they formed fond memories, she asserts that it was treading on the line between personal and professional boundaries. She describes how she idolized her program coordinator, someone who was very admired, respected and innovative: “I just thought like her [the program coordinator], and I knew what she wanted, and I knew how she wanted the program to run, and I knew I could make that happen [for her]. Yeah, that’s what I did, yeah.”

Lavender says the classroom environment energizes her: “I was definitely energized for my class and energized by the people... being in people’s presence energizes me.” She elaborates on how her intense energy and drive helped her in supporting students. She reflects on the different ways she would tailor her interactions based on individual student accommodations and personality types, and needs. She strove to build supportive relationships and create a collaborative dynamic where students take an active role in their own learning. However, while expressing her support, Lavender admits, “I know some students [are] quite ashamed of their disabilities and I never wanted to put them on a pedestal [and] wave a banner to the class [saying] ‘you have disabilities’, right?” She would engage more through one-on-one e-mail check-ins and provide extra attention by reviewing their work more thoroughly. In return, she expected the same level of communication from her students with accommodations, calling it a “fifty-fifty thing.” This method was to help students prepare for a workforce that relies heavily on meeting deadlines and fostering relationships across various trades; however, she recognizes that some students are ashamed of their disabilities and was careful not to “out” them, with the intention of making deeper connections with her students.

When it comes to academic accommodations, educators like Lavender are put in a difficult position to balance genuine care with institutional expectations that are also intertwined with societal biases about fairness, visibility, and what support “should” look like, especially in a professional learning environment where the executive functioning needed for “good communication” can be a significant challenge for students who experience anxiety and shame. Lavender ultimately advocates for systemic change within educational institutions. She would have really valued proper training, parameters or better guidelines for the role and believes that more professional development would benefit all teachers as well as the students they strive to support. Despite signing up for numerous mini-courses and workshops, Lavender never encountered any that were specifically focused on lesson planning, teaching, compensation, or managing a class with varying needs. The lack of support and training for educators frustrates her. She says, “... But they [the college] will support the full-timers... when you look at the numbers, they have more [contract teachers] than full-timers. So that only tells me that they don’t want to support the majority, and then on top of that the [contract teachers] were earning way less and they don’t get any of the support... the scale is way unbalanced in terms of what they support and what they don’t.” The disparity between full-time and contract teachers aggravates her, feeling it undermines contributions and dedication from the partial-load staff. She elaborates, “the best way they can ensure every student’s success is by actually supporting their teachers. Post-secondary institutions are not supporting their teachers at all, yet they expect their teachers to support their students. The cycle is broken.” She worries that good, dedicated contract teachers are being lost because the system is broken. Lavender expresses that there is little satisfaction in a thankless work environment, given the job insecurity: “Students, admin, and parents expect so much from us,” she says. “We have no control,” she adds in discouragement. “I don’t even know if I’m going to get hours next semester. I have spent this entire semester accommodating you [the students]. I can’t find the accommodation or the support that I need, but I’ve spent this entire semester accommodating you [the students] and I don’t even know if I’m going to get hours next semester.”

She confesses, “I miss it so much [teaching], I really do, but the stress is just not worth it... it’s not even worth the good feelings I had,” she reflects. Despite her frustrations, Lavender recognizes that her empathy and activism come from her own experiences as a neurodiverse individual, which allow her to connect deeply with her students and support them more effectively, but at the cost of her own unpaid time and over-commitment. She does not regret her decision to leave the teaching profession

IV. ADHD diagnosis and Understanding

Lavender is turning thirty-four this year. She learned about her ADHD officially at the age of twenty-nine, when she was already teaching at the college level. She was part of the wave of women who discovered their neurodivergence during the COVID-19 pandemic in a wave of awareness fueled by social media. Her diagnosis emerged almost accidentally, through ongoing sessions with her psychologist, but it came as no surprise: "It's funny," she says. "When I was a kid, my parents would tell me, 'Oh, you're so hyper, you must have ADHD.' But they didn't know what that meant... They didn't know what mental health was, and they didn't do anything about it." This is a common story, as ADHD was only officially named in the late 1980s. While she appreciated this confirmation and validation from her psychologist, she admits that the official diagnosis didn't affect her very much. She says she is still discovering what it means to live with ADHD.

When asked whether she wishes there had been intervention for her ADHD sooner, she nods 'yes' and says, "I definitely needed support way sooner at a younger age," she says. "Maybe then I'd be dealing with things better now as an adult. I'm coping, okay, but some of my coping mechanisms are really unhealthy (cannabis and alcohol)." She sighs. While she didn't seek ADHD-specific support, she did seek help in other, more internal and holistic ways through a naturopath, which she says helped balance her overall mood and physiology. Her psychologist, meanwhile, has helped her navigate her family relationships, childhood trauma, and manage her OCD. But when it comes to ADHD, she developed her own system, which involves self-medicating daily, sometimes hourly, with cannabis, a method she initially adopted for the management of her dance-related chronic ankle pain that lingers from childhood. As for the cannabis' dual purpose as ADHD support, she says it quiets her mind, her nervous system, slows the mental chatter, and lets her focus on one thing at a time. "I can be on one hamster wheel instead of seven," she explains. She has never tried prescribed medication for ADHD, and describes her methods as unconventional but effective enough. She says coffee makes her sleep better. Human interaction recharges her. Cannabis helps her focus. Her body and mind have their own logic, and in time, she's learned to trust that logic, while also remaining open to trying and learning new approaches.

When asked when she really started to embrace her "neurodivergence", she says It wasn't until she attended a craft show a couple of years ago that something clicked. Among the booths selling handmade jewelry and artisanal soaps, she spotted a calendar that was specifically designed for 'neurodiverse' people. She had a vague recognition of the term 'neurodiversity' from social media but had largely dismissed it, assuming it was just a new trendy internet buzzword and not likely a term that related to her.

While holding the calendar and receiving instructions from the vendor on how to use it, she experienced a revelation: "she [the vendor] was explaining it all to me [the calendar] and I thought, 'I could really use that'... I have ADHD and OCD... So 'neuro diverse'... is that what that means?" For the first time, Lavender saw her own experiences reflected in a framework that felt worthy of support: "It was like finding a missing piece to my puzzle," she says. Her three conditions, ADHD, OCD, and anxiety, which used to feel like three separate islands, could now merge and exist under the label "neurodiversity" with less shame and stigma.

When asked whether she considers ADHD a disorder, Lavender says, "It's a disorder for sure. It definitely holds me back in parts of my life." When asked in which ways it holds her back, she says, "socially. Some people have found me... a bit much. Especially now, I'm more afraid to 'let it out.'" She often relies on her husband to proofread texts before sending them, because she's worried about sounding 'off'. Her husband also helps keep her volume down in work meetings with loving, sometimes humorous post-it note memos, among other tricks and strategies she relies on for regulating the intensity of her emotions and personality in social and work environments." I have a fear of upsetting people," she admits. While she obsesses over every word, she sometimes finds herself saying the wrong thing anyway. "I can't help it!" she says. Lavender also shares her struggles with rejection sensitivity. After fifteen years of friendship with her best friends, she wonders if she's too much and worries they could leave

her someday. Her husband is her favourite person, but she worries about him too. Despite this chronic fear of rejection, Lavender is a natural leader and feels drawn to leadership roles. "I bring out the best in people," she says. She thrives in leadership positions where her emotional intelligence and investment help her understand people and adapt to them. But when someone else steps forward as the leader, she says she is happy to take the number two spot, as having a strong leader who believes in her fuels her purpose and pride.

While she's prone to forgetting things, she describes herself as diligent and reliable, especially when others are counting on her and says she has never struggled to meet deadlines as both a student and a professional. In her five years teaching as a partial-load college instructor, and in her design work, she has relied on many systems to keep everything moving seamlessly; however, when she's not immersed in tasks, structure or driven by deadlines, she describes entering what she calls "zombie mode," numbing out on the couch. The concept of "free time" has felt foreign to her since childhood.

Lavender states again and again that she is proud of her uniqueness, that her ADHD makes her interesting, that she "would be boring without it," and how she refuses to "mask". But then, in the same breath, she confesses that she tends to use her unique and expressive persona as "a shield," a distraction from the parts of herself she fears are too damaged to reveal. "I think I used my individuality as a shield. I don't want people to know how damaged I am, so I put up this 'I'm so different, I'm untouchable'" persona. She insists she doesn't mask and that she refuses to. But then she catches herself, "and then yeah, okay, I was a hypocrite again. I say I'm proud of my ADHD, I'm all, like 'Be yourself! Don't hide!' But then you asked that question (about masking) and... DING. I realize that I think sometimes I'm just totally quiet, and people are like, 'Are you okay?' and I'm like, 'Yeah, yeah, I'm fine.' Cool, man. But I'm not being myself. I am totally masking myself."

Lavender has a passion for fairness, which shapes her views on societal trends, including the increasing recognition of adult ADHD in women. Interestingly, while she supported her students and now wants to advocate for current employees, Lavender expresses some skepticism about the broader discourse on neurodiversity, driven by her deeply ingrained desire for self-sufficiency and resilience. In a world now dominated by "cancel culture," she warns others that awareness can sometimes be too much of a good thing: "we can't be walking babies... we can't go out there and go, 'I need everyone to hug me because I'm neurodiverse... I need pity because I have an invisible wound.'" Her high moral standards and self-sacrificing nature may inadvertently perpetuate her own internalized stigma and ableism. While she wholeheartedly supports academic accommodations and progressive work environments, she worries that the term "neurodiversity" could become trendy and overused, which could detract from the attention needed for people like her. Paradoxically, she has yet to consider for herself the traditional ADHD treatment, both pharmaceutical and therapeutic, she would absolutely support her students. Instead, she has opted for therapeutic use of marijuana and holistic forms of support.

While expressing her reasons for wanting to sign herself up for a course that was offered by the college on Truth and Reconciliation training, she says it was because "I don't want to be a hypocritical and privileged white woman inserting myself in DEI [efforts]" (diversity, equity and inclusion). Her intentions are rooted in equity and inclusion, wanting to make a difference, but when asked if she believes that neurodiverse individuals should be included in DEI policies, she says, "I don't think they're included. No, they are not... they should be separate." She believes DEI should be focused on societal correction, and neurodivergence should be viewed as part of mental health. "I would keep teachers with neurodiverse [issues] as part of mental health because it's like depression, it's a hidden disorder." In professional settings where neurotypical behaviours are the set expectation and the norm, Lavender sees anything outside of that as her own personal battle to overcome, rather than a system-related solution. This is not her fault; she is a product of a productivity-obsessed culture that rewards perfection often at the cost of mental and physical health.

Lavender fiercely advocates for many initiatives involving reconciliation, justice and equity within broader cultural

and systemic movements. When it comes to neurodiversity and her own experiences, however, she is still working through her inner critic and the frameworks and expectations that shaped her upbringing.

V. Conclusion

Lavender is no longer teaching, but continues to explore her journey toward self-acceptance and is feeling a sense of pride in who she has become, seeing her past actions as shaped by her circumstances. After years of being programmed by traditional institutions embedded with hierarchical and manipulative power dynamics, she is in the process of reclaiming her identity. Her unrelenting momentum is both her greatest strength and her biggest challenge. She misses teaching, but does not regret leaving behind contract jobs that drained her and the never-ending administrative demands outside of the classroom.

Lavender's story elucidates the emotional labour required to maintain a persona that camouflages itself within traditional workplace and societal norms. This unspoken expectation is also reflected in educational settings where the emotional labour of advocating for accommodations and inclusivity, while simultaneously battling internalized ableism and modelling traditional and institutional norms, perpetuates the cycle of how neurodivergence is perceived and understood.

Lavender's narrative offers a compelling lens through which to explore how ADHD intersects with workplace expectations and leadership dynamics. I hope that, in sharing her story, she inches closer to her version of "calm" and radical self-acceptance. At the same time, perhaps her story can shift perspectives and make room for those whose minds move at a different frequency and in non-linear ways.

APPENDIX B:

Participant Semi-structured Interview Questions

1. Tell me the story of how and why you became an educator

- For college teachers:
- Was it always your goal to enter post-secondary education as a profession?
- How do you balance teaching with other professional or freelance work?
- Do you find that the demands of teaching and industry work ever feel at odds with each other?
- For public teachers:
- Was it always your goal to become a teacher?

2. Take me back in time: what kind of child and student were you?

- Did you notice differences in how you learned compared to others?
- Were there particular subjects you felt drawn to or challenged by?
- How was ADHD or learning differences understood in your family or community?
- If you were to ask a parent or caregiver, how might they describe you as a child?
- Did you ever feel that ADHD was perceived as a “boys’ disorder” when you were growing up? If so, how did that impact your understanding of yourself?
- Were there times you felt different from your peers in ways that may have been gendered or ADHD-related?

3. When did ADHD (diagnosed or undiagnosed) start to become a part of your understanding of yourself?

- How has your understanding of ADHD evolved since then, if at all?
- Are there particular challenges or comorbidities you feel are linked to being a woman with ADHD?
- Do you relate to a specific type of ADHD (inattentive, hyperactive, combined) in ways that impact your personal or professional life?
- Did any barriers (social, psychological, or physical) impact your ability to seek support or self-compassion regarding ADHD?
- If undiagnosed, have there been moments or events that made you consider ADHD as part of your experience?

4. How has ADHD shaped your experiences in education, both as a student and as a teacher

- Were there differences in the way you approached teaching due to ADHD traits?
- What were your coping mechanisms as a student? Did these translate into your teaching practice?
- Have you felt compelled to hide or manage ADHD symptoms at work, and how has that impacted you?
- Do you feel that being a female with ADHD presented different challenges or perceptions in academic spaces?

5. How do you experience your dual role as both an educator and an industry professional and/or mother, particularly with ADHD?

- Are there specific ways ADHD affects how you balance these dual roles?
- Are there aspects of ADHD that you feel actually enhance or support your work?
- What are the challenges of balancing these roles?

6. Reflecting on your teaching methods and classroom environment, do you consider ADHD in how you approach your students?

- Have you ever felt the need to “mask” your ADHD symptoms to fit into gender or professional expectations as a female educator?
- Do you feel that female students with ADHD face unique challenges? Are there moments when student accommodation requests remind you of your own needs or experiences?
- How do you approach mentoring students with diverse learning needs, especially with your understanding of ADHD?

7. Can you tell me about a time when you felt particularly challenged or supported as an educator with ADHD?

- How did these experiences shape your approach to work or self-compassion?
- Have you ever experienced differential treatment as a female educator with ADHD?

8. How does ADHD intersect with the demands and expectations of being a contract worker in academia?

- Are there certain responsibilities or pressures that feel heightened due to ADHD traits?
- How do you manage administrative tasks, deadlines, or the demand for organization in your teaching role?
- Are there additional pressures related to balancing caregiving or other personal roles often associated with women?

9. Thinking about the stigma associated with ADHD, how has this influenced your personal or professional identity?

- Are there particular stigmas that you feel more strongly in the academic environment?
- How has stigma (from others or yourself) impacted your comfort in seeking support or disclosing ADHD at work?
- How do you feel societal or cultural norms about women’s behavior affect the stigma surrounding your ADHD?
- Are there ways you think female ADHD is misunderstood in the workplace?
- What would you like others in academia to understand about neurodiversity, particularly ADHD?

10. Educators with ADHD are tasked with providing accommodations to students, even as they may face similar challenges without adequate support. How do you navigate supporting students' diverse needs while managing your own neurodivergent experience in the classroom?

- Do you feel there’s an assumption that teachers should be able to handle these added responsibilities without additional support?
- Do you see ways that the system could be more equitable in supporting both students and educators with neurodiverse needs?
- What specific types of support would benefit you most in your work as an educator?
- How could institutions help alleviate stressors associated with ADHD or reduce stigma?
- Are there supports you feel would specifically help female educators with ADHD (e.g., mentorship, flexibility)?
- What unique perspectives do you feel female ADHD educators bring to an inclusive environment?
- Are there existing policies or practices that you think should be adapted for ADHD educators?

11. Is there anything else you would like to discuss that we didn't cover?

APPENDIX C:

Key Informant Interview Questions

1. What are some key trends and themes you're currently seeing in education at the college level?
2. Which workshops or initiatives are currently in the highest demand, and why do you think that is?
3. How does your role support inclusive learning, and what strategies have you found most effective in fostering inclusivity for both students and educators?
4. In your experience, how do institutions approach inclusivity for neurodiverse students compared to neurodiverse educators?
5. What unique challenges do you think neurodiverse educators might face in traditional learning environments?
6. What advice would you offer to educators navigating the complexities of disclosing an ADHD diagnosis in work environments that may still carry implicit biases?
7. Are there any institutional policies, resources, or training initiatives specifically designed to support neurodiverse faculty members?
8. How much do you know about ADHD or other neurodiversities?
9. If you could envision a future where neurodiversity is fully embraced, what would that look like in educational systems and workplace cultures?
10. How do you think your department could be leveraged to better support neurodiverse educators?

APPENDIX D:

Miro Board Overview of Data Analysis

Data Analysis - Overview of Miro Board

This Qualitative Interview analysis method was adapted from a Miro template, designed by Kiuub.

Post-it notes were used to identify key topics and insights shared by participants. When themes or insights recurred, or when similar sentiments were expressed by multiple participants, label tags with the corresponding participants' names were added to the relevant Post-it notes. A brief summary was then written for each data segment to characterize its content. Figure 4 is an overview of the Miro Board used for data analysis, which was generated from the narrative vignettes.

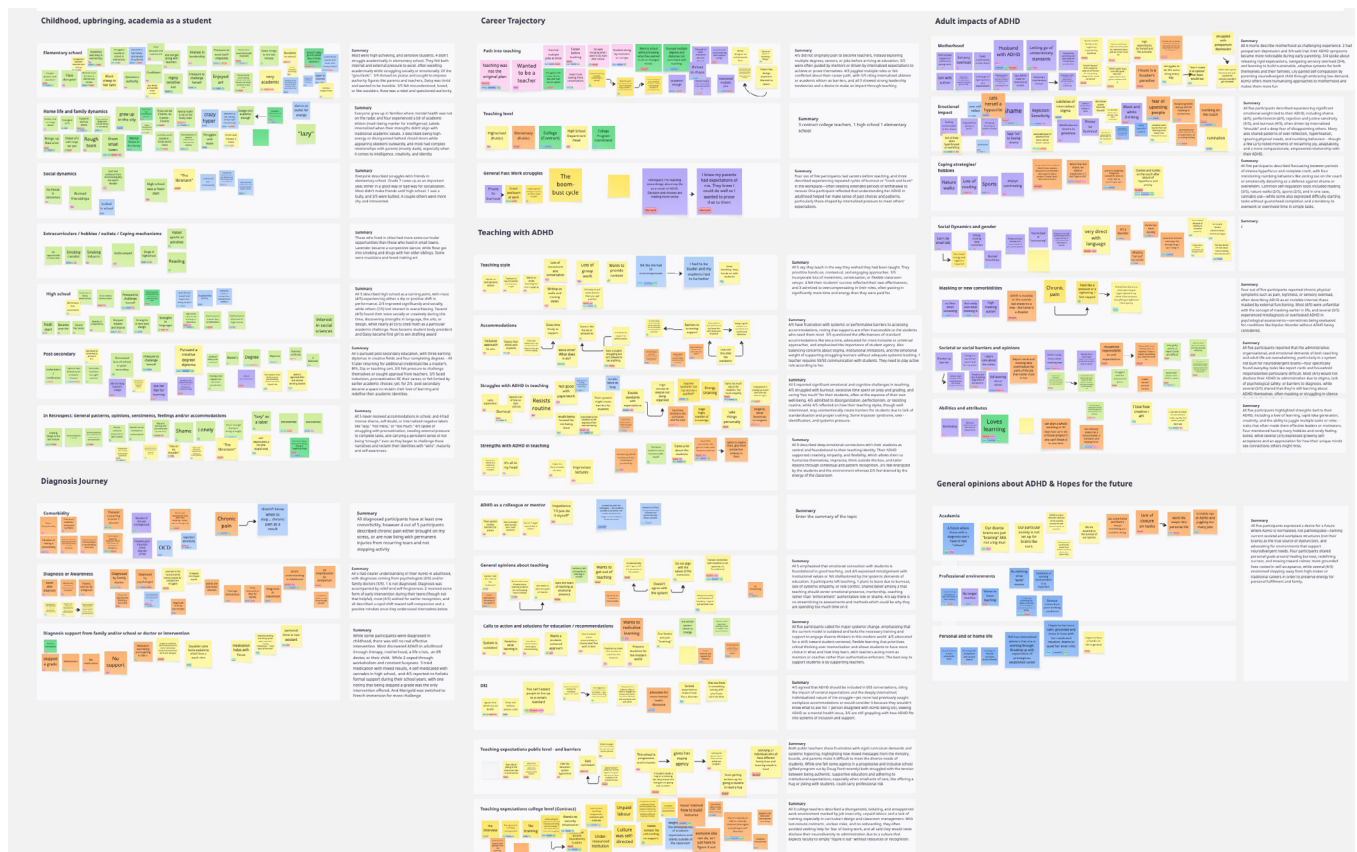


Figure 4 - Overview of Miro Board

APPENDIX E:

Research Ethics Approval Letter

January 09, 2025

Ms. Maya Desai
Faculty of Design
OCAD University

File No: 102651
Approval Date: January 09, 2025
Expiry Date: January 08, 2026

Dear Ms. Maya Desai and Sophie Bisnaire,

The Research Ethics Board has conducted a delegated board review of your application titled 'Accommodating the Accommodators: A Qualitative Research Study on Female Post-Secondary Educators with ADHD'. Your application has been approved. You may begin the proposed research. This REB approval, dated January 09, 2025, is valid until: January 08, 2026. **Your REB number is: 2025-05.**

Note - We remind you to please submit an amendment with your focus group activities and questions for approval before conducting the focus group.

IMPORTANT - The standard conditions for REB approval are as follows:

- a) Throughout the duration of this research project all requests for modifications, renewals, and serious adverse event reports must be submitted via the ROMEO Research Portal.
- b) Any changes to the research that deviate from the approved application - including changes to faculty supervisors or project team members - must be reported to the REB using the Amendment Form available on the ROMEO Research Portal. REB approval must be issued before changes can be implemented.
- c) If you have received approval for more than one year, you are required to submit an Annual Progress Report Form via the ROMEO Research Portal every year as detailed in your approval letter. The Annual Progress Report Form is a very brief form that asks about any changes or adverse that may have occurred during the conduct of your research. REB approval of the Annual Progress Report Form must be issued before research activities involving human participants may continue.
- d) If your research will continue beyond January 08, 2026, you must submit a Renewal Form via the ROMEO Research Portal before January 01, 2026. REB approval must be issued before research activities involving human participants may continue.
- e) If your research ends on or before January 08, 2026, you must submit a Final Report Form via the ROMEO Research Portal to close out REB approval monitoring efforts. The Final Report Form is a very brief form that asks about any changes or adverse that may have occurred during the conduct of your research.

FOR STUDENTS: Please note that all applications and events must be submitted by your Faculty Supervisor on your behalf. This action is a proxy for supervisory sign-off and lets the REB know that your Faculty Supervisor has reviewed and approved the contents of your submission.

Please note that failure to comply with these conditions and the Tri -Council Policy Statement (TCPS) 2 may result

in withdrawal of approval and/or impact your ability to apply for future REB review.

Information about ROMEO and OCADU's REB process can be found here: <https://ocadu.topdesk.net/tas/public/ssp/5555c16a-0c8c-4fcf-9161-9929dc59b768>

If you have any questions about the REB review & approval process, please contact Bryan Weissenboeck, Research Ethics Advisor, at bweissenboeck@ocadu.ca

If you encounter any issues when working in the Research Portal, please contact our system administrator via research@ocadu.ca.

Sincerely,

Dr. Michelle Miller
Chair, OCAD University Research Ethics Board

