Messy Purse Girls: Adult Females and ADHD

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Most people don't realize that some people expend tremendous energy merely to be normal.

—Albert Camus

I'm the smartest dumb person I know. I'm one of those messy purse girls.

—Cynthia

Cynthia's Story

Cynthia is a 35-year-old married woman recently diagnosed with attention deficit hyperactivity disorder (ADHD) while seeking counseling for depression following a miscarriage.

"There's so much in my head, so many ideas, but they're a jumbled mess. I can't seem to turn them into anything productive. I'm constantly losing things. I have trouble remembering to do the laundry, remembering to pay the bills, balancing my checkbook, taking my son to baseball practice. My house is a trail through books and piles of just about everything else. When my husband comes home from work, I have nothing tangible to answer the question, 'What have you been doing all day?' And of course, my purse is always such a mess, and I wonder if that reflects my state of mind. I wish I could be one of those neat purse girls."

Cynthia's parents divorced when she was 7. To help Cynthia and her younger brother, Henry, adjust to the divorce, their parents took them to a psychiatrist. After several visits, the psychiatrist observed that Cynthia was having a harder time adjusting to the divorce than her brother and recommended that she continue on a one-to-one basis. Cynthia took the WAIS-C, which revealed she had an above-average intelligence, but there was considerable discrepancy between her verbal and spatial scores.

Cynthia says it was in seventh grade when "everything fell apart." She remembers having trouble getting up in the mornings, missing school, having no friends, and experiencing conflict with her mother. "I know I was difficult to raise. I was willful and obstinate. My mother and I were in constant conflict. She hammered me about my weight, my messy room, my talking on the telephone too much. She pushed me to study piano, violin, and voice. I hated it at the time, but it's true, I had no initiative. I needed pushing."

In high school, despite frequent absences, Cynthia made straight As, was in the National Honor Society, played the lead in school musicals, and was on the dance team. She says she's never really felt happy and reports seeing several different psychiatrists over the years. All diagnosed her with depression and anxiety, comorbid conditions associated with undiagnosed ADHD.

Attention Deficit Hyperactivity Disorder

ADHD is an early onset, neurobiological disorder involving inattention, impulsivity, and hyperactivity. Until recently, experts believed it was a childhood disorder that remitted in adolescence and adulthood. Although the hyperactivity that leads to behavioral problems does tend to abate during adolescence, recent studies indicate that the inattention and impulsivity continue into adulthood, making adult ADHD a valid diagnosis.

In 1902, Dr. George Frederic Still, a British pediatrician, recognized the disorder we now refer to as ADHD (Hallowell & Ratey, 1994). Dr. Still described children who were hyperkinetic, unruly, and hard to control, and suggested that the disorder was either biological or the result of perinatal injury. Over the next few decades, the disorder was referred to as hyperkinetic syndrome, minimal brain dysfunction, physiologic hyperactivity—all terms that describe it as a problem associated with overactivity, impulsivity, and motor function. The Diagnostic and Statistical Manual of Mental Disorders (DSM-III) (American Psychological Association [APA], 1968) referred to it as "Hyperkinetic Reaction of Childhood," again stressing the motor component. DSM-III (APA, 1980) bifurcated the disorder: ADD with hyperactivity and ADD without hyperactivity. The DSM III-R (APA, 1987), however, returned to a one-dimensional paradigm, lumping together varying degrees of hyperactivity and impulsivity. The latest editions, DSM-IV (APA, 1994) and DSM-IV-TR (APA, 2000) recognize inattention as a component of ADHD and acknowledge three subtypes: primarily
inattentive, primarily hyperactive-impulsive, and a combined type. According to the DSM-IV-TR, 3.7% of children have ADHD. The American Academy of Pediatrics estimates the prevalence is as high as 12% (Scudder, 2001).

Kathleen Nadeau, PhD, a clinical psychologist and author of several books on ADHD who has ADHD herself, creates a vivid clinical picture of a female with ADHD, using the framework of the three subtypes. She describes the inattentive type as “daydreamers,” who are quiet and often overlooked. These girls “operate at a slower pace” and are typically anxious and depressed (Naudeau, 2002). They are the least likely to exhibit behavioral problems, thus the least likely to be clinically referred. Their intelligence often is underestimated. Girls who are primarily hyperactive-impulsive are “tomboys” who engage in more risk-taking behaviors like tree climbing. They are typically drawn to sports and work very hard to please teachers and their parents. Their handwriting is often messy, and their teachers often describe them as nonacademic and undisciplined. Nadeau describes the combined type (hyperactive-impulsive/inattentive) females as “Chatty Kathys” whose hyperactivity is manifested verbally—they are “hyper-talkative.” They are often overemotional, excitable, and use a “silly” personality to hide disorganized thoughts. Nadeau asserts that these girls are likely to be very sociable and engage in risky behaviors, like drinking and sex, at an early age.

Diagnostic Dilemmas

ADHD and the medications used to treat it have received tremendous media attention recently. ADHD seems to be the diagnosis du jour. This increased awareness and familiarity leads many adults to seize on ADHD as an explanation for their lack of focus in our fast-paced society and run to a psychologist’s or an internist’s office for diagnosis. This “pseudo-ADHD” (Hallowell & Ratey, 1994) results in both overdiagnosis and underdiagnosis. In addition to this general problem, researchers have found a significant underdiagnosis in girls. This begs the question, “Why aren’t more girls being diagnosed?” There are three main factors:

1. Later age of onset
2. Different manifestations in females
3. DSM criteria

Later Age of Onset

What we know of the neurobiology of the disorder may help explain the differing age of onset between males and females. Although the exact cause of ADHD is unknown, experts believe it is related to dysfunction in neural pathways and insufficient amounts of dopamine (Nadeau, Littman, & Quinn, 1999). Before and during puberty, boys have an overproduction of dopamine receptors, which may explain hyperactivity and motor dysfunction. This receptor density is reduced by 55% by adulthood (Anderson & Teicher, 2000), which can explain remitting hyperactivity. Girls, on the other hand, seem protected until puberty, when an increase in estrogen leads to an increase in dopamine receptors and subsequently, symptoms of ADHD. In other words, just as boys’ symptoms are beginning to diminish, girls are beginning to appear.

Nadeau (2002) attributes an increase in female diagnoses to the new DSM nomenclature, as many females with ADHD are the predominantly inattentive type. She states that informal reports show that more adult females than girls are being diagnosed with ADHD. Nadeau and her colleague, Dr. Patricia Quinn, a pediatrician with ADHD, argue that the statistics that suggest ADHD affects more male children than female children are inaccurate. Studies indicate the adult male-to-female ratio of ADHD is 1:1, but the boy:girl ratio is as high as 5:1 (Scudder, 2001). Based on that information, it is logical to assume that ADHD may be underdiagnosed in girls. Moreover, it calls into question the reliability of the current DSM-IV-TR (2000) criteria in effectively diagnosing girls.
Different Manifestations in Females

Perhaps the most significant reason women with ADHD are overlooked is that they do not fit the typical stereotype exemplified by the hyperactive male. Unlike disruptive, “hyperactive” boys, these girls are shy, withdrawn, compliant “people pleasers” whose attempts to fit in can create a barrier to diagnosis. They often are seen as “good little girls,” never displaying disruptive behavior or calling attention to themselves. They realize something is wrong with them, but there is considerable societal pressure to appear normal. They internalize their feelings of inadequacy, which leads to guilt and shame, a common denominator among women with ADHD. They are often able to get by at school, and because they don’t display traditional ADHD symptoms, it’s unlikely they will be referred for treatment. Every year that goes by without a diagnosis can lead to secondary emotional problems, relationship difficulties, and feelings of underachievement (Solden, 1995). ADHD adults, both male and female, have higher lifetime rates of depression than the general population (Biederman et al., 1993).

If these females are referred, they are likely to be misdiagnosed. Clinicians are likely to diagnose an inattentive ADHD female as having dysthymia, while the impulsive, verbal, energetic woman might be diagnosed with bipolar disorder (Nadeau & Quinn, 2001). Bipolar disorder looks like ADHD (Solden, 1995). Studies show that 45% of girls diagnosed with ADHD are more likely to be diagnosed with other disorders (Rabiner, 2002).

Interestingly, girls with high IQs are even less likely to be diagnosed with ADHD (Nadeau et al., 1999). Because clinicians often look for a pattern of academic and behavioral problems, intelligent women may escape diagnosis. They are smart enough to get by academically, often through high school. As their academic lives become more challenging, however, these girls will suffer increasing depression and anxiety, as their attempts to get by are no longer effective. A recent study from Stanford University School of Medicine and Children’s Health Council (Seay, 2001) concluded that girls diagnosed with ADHD when they are older tend to have higher verbal IQ scores and escape diagnosis until symptoms of depression and anxiety lead to clinical evaluation. Moreover, the lead author of the study states that clinicians should suspect ADHD in depressed girls with high verbal IQ scores and contends that, “ADHD in females should be examined using a broader definition that reflects the disorder along a continuum” (Seay).

DSM Criteria

Based on these sorts of considerations, progress is being made in the evolution of the diagnostic criteria for ADHD. At the 2001 National Conference for Nurse Practitioners (Scudder, 2001), Nadeau and Quinn dissected and critiqued the DSM criteria and asserted that the narrow scope and lack of gender specificity prevents girls and adult women from being diagnosed with ADHD. Both agreed with two criteria: 6-month duration of symptoms, and their presence in at least two situations. But they feel that symptoms aren’t always present before age 7 (a DSM criterion), as many inattentive and nondisruptive children, particularly girls, might not exhibit symptoms until middle or high school.

Moreover, they disagreed with the criterion regarding impairment in school, academic, or occupational function because it doesn’t include impaired coping at home, which is significant among females with ADHD. These experts also have qualms with the criterion concerning exclusion of other mental disorders, citing known comorbidities, such as depression, that exist with ADHD. They also concluded that the “predominantly inattentive” subtype is underdiagnosed and occurs more in females than in males.

Final Thoughts

Consider for a moment Cynthia’s idea that women can be metaphorically separated into two discrete categories, the “neat purse girls,” and the “messy purse girls.” It serves as a paradigm for society’s concept of the ideal woman, as well as a reminder of the many
unwritten cultural expectations associated with being female (read: feminine). One assumes the neat purse girls are organized, responsible, on top of things, intelligent, competent, independent, and capable of meeting the demands of everyday life. The neat purse girl makes good grades, she might be head cheerleader, homecoming queen, student body president, in the drama club—a woman one imagines could head a Fortune 500 company, serve as president of the PTA, and have a wonderful marriage and family. Of course, there’s no real correlation between having an organized purse and having an organized life, but this feminine archetype has the uncanny ability to make many women feel inferior. As the messy purse girl wonders, “What does ‘she’ know that I don’t? “Why am I so different?” “What’s wrong with me?”

Unfortunately, for some of these (young) women, “messiness” extends far beyond the purse; everything feels messy—her thoughts, environment, relationships, purpose and direction in life—and because of this, her self-esteem plummets. She’s aware that something’s amiss and she learns at an early age to avoid calling attention to herself and her inadequacies. By overcompensating and making desperate attempts to fit in, she often can appear “normal.” Although these women might appear normal, they are struggling to get by on a daily basis. This struggle to hide their inner chaos leads to depression, anxiety, social phobias, eating disorders, and substance abuse, all of which mask the underlying problem: attention deficit hyperactivity disorder. And this is a tragedy because, in being misdiagnosed, or not diagnosed at all, everyone is missing out. These messy purse girls have much more potential than the state of their purses might suggest.

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