# The meandering river: An intuitive inquiry of self-compassion in late-diagnosed women with ADHD in Aotearoa, New Zealand

A thesis presented in partial fulfilment of the degree of

Master of Science

In

Psychology

At Massey University, Auckland, Aotearoa, New Zealand

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2025

**Abstract**

This study explores the experiences of self-compassion (SC) in adult women with Attention-Deficit/Hyperactivity Disorder (ADHD) in Aotearoa, New Zealand. This was explored using intuitive inquiry as a research method. This method is a compassionate way of engaging with research. Utilising a five-cycle hermeneutic structure, the researcher is invited to engage with their own subjective experience throughout the process, a process which has the potential for personal transformation for the researcher and the participants. The cycles are conceptualised through the metaphor of a river cycle.

Seven women with late-diagnosed ADHD described their experiences of self-compassion through semi-structured interviews. Thematic analysis was used to analyse the interview transcripts and highlight themes from the participants. Four integrated lenses were identified. These lenses indicated (a) self-compassion is an embodied transformation process in which the body becomes the site of action; (b) cues for self-compassion were assisted by participants connection to natural rhythms – their own internal cycles, and external natural cycles; (c) conditions for self-compassion supported participants to move towards more accommodating environments and (d) diagnosis is an accelerator of self-compassion.

**Acknowledgments**

Completing this research has been a journey, life-changing and one of the most difficult challenges I have chosen to face. At times, I have felt uplifted, and at other times, truly lost. Who knew I would enjoy getting so lost!

I would first like to extend my deepest heartfelt gratitude to the participants who shared their experiences. Their time, open sharing and generous contributions have made this research possible. I hope that this reflects the essence of your sharing. Whilst this research is my work, it also belongs to all of those who have been involved and contributed.

To Dr Heather Kempton, your guidance and trust have allowed me the space to carve a pathway through this research project. I have walked away with confidence in my abilities that would not have come if I hadn't had the freedom that you provided me. Thank you for the key moments of input that created ripples.

To the truly wonderful humans who offered guidance, support, perspective and a listening ear when I needed it: Rā, Jax, Leticia, Laura, Zara, Mihi, Clare, Verity and Alys.

To my family, thank you for believing in me.

I would also like to extend a particularly warm thank you to my daughter, Mila. Not only have you been the inspiration for a more compassionate way of being in this world, but you are also an awesome human being. I'm honoured to be in your company.

To the furry friends who kept me company during late nights at the computer, and to all those I haven’t named but who have supported this journey, thank you.

It is also with a deep sense of appreciation that I extend my gratitude to the earth, for sustaining me, nurturing me and holding me in my moments of yield.

**Table of Contents**

***List of Tables***

***List of Figures***

***List of Abbreviations***

| | |
|---|---|
| ADHD | Attention-deficit/Hyperactivity Disorder |
| SC | Self-compassion |
| DSM-IV | Diagnostic and Statistical Manual - IV |
| SOCS-S | Sussex-Oxford Compassion Scale - self |
| SOCS-O | Sussex-Oxford Compassion Scale - other |
| ASD | Autism Spectrum Disorder |
| CH | Common Humanity |

***Glossary of Terms***

| Māori terms | |
|---|---|
| Aotearoa | The indigenous name for New Zealand (Murphy, 2011) |
| Karakia | Chant/incantation (Murphy, 2011) |
| Maramataka | Māori system of observing the relationships between signs, rhythms and cycles in the environment (Warbrick et al., 2023) |
| Te Ao Māori | The Māori World (Murphy, 2011) |
| Wāhine | Women (Murphy, 2011) |
| Whānau | Family, to be born, give birth (Murphy, 2011) |
| Whenua | Land, Placenta (Murphy, 2011) |

## Foreword

True to my experience of ADHD, I struggled to hold all the parts in mind while putting this thesis together. In the chaos of submission, I loaded up the wrong document, and it wasn't until after marking that I realised that some sections were left behind. Much like the challenge of tidying my room or clearing a bench, all the parts seemed important, and my inability to hold them in mind led me to submit my thesis without its introduction. The ADHD community has a term 'ADHD tax', which is used to describe the extra time, effort, energy and monetary costs associated with cumulative executive function demands. That is an experience I have felt keenly in this process.

This thesis is written from that lived experience, embracing the messy chaos, the iterative process and the creative side-quests that shape both my research and way of moving through the world. Post-marking emendations have allowed me to make the required adjustments before finalising my research, but it was marked without all its parts. To me, it seems ironic that I forgot to include the introduction. It is not lost on me that the markers for this thesis would have entered this research without context or an understanding of my positioning. It often feels like I navigate a world that didn't come with clear instructions, often missing key pieces of context.

Many without the experience of ADHD do not realise how deeply triggering words like *potential* can be. Potential gives the impression that something could have been done better. Participants' accounts echoed this, particularly as they recollected school reports and feedback. Feedback carries an invisible weight, shaping self-perception and sometimes reinforcing shame. Many of us bear the scars from that feedback. Those scars ached at the end of this research. I loved the research process, the planning, the engagement, and the analysis. Trying to wrangle my

journey into a document was exceptionally difficult. Knowing how much this research cost me, it has prompted reflection on the relationship between effort, process and outcome.

## Introduction

From that starting point of chaos, missed pieces and constant juggling, the metaphor of a river emerges as a central piece of this research. Its sweeping bends, meanders and unexpected turns reflect the flexibility and creativity required to navigate both the research process and life with ADHD. In my work as a Dance Movement Therapist, engagement is always embodied, iterative and sometimes indirect. The river allowed me to flow more intuitively through the thesis, using movement, artmaking, poetry, and meditation as tools for reflection, insight and integration.

The river became a pathway for navigating the chaos. This novel, dynamic and sometimes indirect approach to engagement with research mirrors the experience of having ADHD and encourages me to lean into the ways of navigating this process and methodology as a river might meander across the riverbed, allowing me to get caught up in the eddies, swept away by the current and held in the flooding. This offered me a way of being able to conceptualise my own ADHD way of moving through the world, learning as I go. Unable to move through this research process in straight lines, I instead found flow in spite of the clutter and missed pieces, and was able to discover meaning in sweeping corners, cycles and meanders. This dynamic, non-linear process mirrors my experience of ADHD itself. It honours the adaptive ways many with ADHD navigate and translate systems built for consistency and linearity.

In the following pages, this research seeks to explore the lived experience of self-compassion for late-diagnosed women with ADHD in Aotearoa. Specifically, it aims to:

1. Explore how self-compassion is experienced by women with ADHD in Aotearoa, New Zealand.

2. To understand the conceptualisation of ADHD by the participants
3. To understand how SC is navigated within the context of having an ADHD diagnosis

I approach this research as an insider with lived experience of ADHD; with professional expertise as a Dance Movement Therapist; and with an unfolding personal journey of self-compassion. operating from this insider positionality aligns with Anderson's (2017) Intuitive Inquiry methodology, which supports subjective engagement of the researcher's positionality in interpretive research.

The Intuitive Inquiry methodology is a hermeneutic approach that moves through five cycles. The cycles are more clearly unpacked in the methodology (Cycle 3). It is worth noting that whilst this chapter provides an overview of the research aims and context in the APA format, Intuitive Inquiry does not map tidily onto the expected structure of a standard thesis. Consequently, there is a tension between staying methodologically honest and meeting academic expectations. In Intuitive Inquiry, Cycle 1 tends to be imaginal, a way of engaging that goes beyond an introduction. In this research, it involved movement, art-making, and even some poetic reflection. These creative approaches were an important part of how my topic emerged; they were also central to my analytic process and how I made sense of the research. The imaginal process uses symbols, metaphors, and embodied ways of knowing that arise through engagement with the process, and shape meaning in a language that deeply resonates with me. In many ways, it acts as a translation, letting me drop into ideas and feel their rhythmic, winding aliveness. This is further explored in the Methodology.

Exploring the role of self-compassion for people with ADHD is an important topic. Within the literature, SC has been identified as a way of combating low self-esteem, which has

been highlighted as particularly prevalent in adults with ADHD. But ADHD can appear contradictory to the outside observer. A person might show excellence in areas of interest, leading observers to overestimate their capabilities. This appearance of capability, or perceived capability, means that observers do not realise the costs, effort and challenges that ADHDers face, in an attempt to uphold the impression of competence.

My research approach began with a strengths-based approach. It may appear, at times, when reading the literature or hearing about participants' challenges, that it is difficult to position this research in a strengths-based way. Much of the literature is deficit-focused, and this is the reality of medical model approaches, which have historically dominated the generation of research and literature on ADHD. There is an emerging and increasing push towards identifying strengths-based approaches when working with ADHD. Having completed this research and having the benefit of hindsight, I would argue that a strengths-based approach cannot be meaningfully applied without an appreciation of ADHD as a constellation of strengths and liabilities (Barkley, 2015). In response to the candid responses of my participants, I feel it would be a collusive act of gaslighting to align myself with dominant narratives that do not accept the real-life impact of living in a social system that is not designed for ADHD.

As participants share their awareness of not fitting into education and workplaces, they express internal narratives of shame, self-blame, and beliefs about not being good enough. Workplaces and educational environments impose rigid expectations for consistency, productivity, and linear outputs. The pressures of shame, blame, comparisons to peers, and regular early messaging about not being (insert: good, fast, quiet, still, tidy, focused) enough, cast a long shadow from childhood and shape the harsh inner critic of adulthood.

My participants highlight that it is from these early experiences that they navigate the journey towards self-compassion. Some are just beginning. Others are further along. What is highlighted by all is that it is a process, not a destination. Throughout this thesis, self-compassion is explored, not as a practice, but rather as a way of engaging *in relationship* with ourselves, others and the natural world around us. Each participant, myself included, negotiates the challenging role of self-advocacy in the face of social perceptions of capability and capacity. The stories shared highlight the challenges of growing up with undiagnosed ADHD, the grief and liberation of a late diagnosis and the power of self-compassion as a mechanism for relief from the inner critic. In commencing this research, I hoped to gain insights that are both practical and reflective, recognising both the limitations and strengths of SC within a disabling and ableist world (Ferguson, 2018).

This research is also shaped by my own life experience as a late-diagnosed woman with ADHD. The challenges encountered throughout the research process reflect some of the very phenomena being explored. Rather than seeing this as a limitation, this research acknowledges the value of insider perspectives as a way of deepening understanding of lived experience.

## Literature review (Cycle 2)

The purpose of this research was to explore the experiences of self-compassion (SC) in women with Attention-Deficit/Hyperactivity disorder (ADHD). This literature review first navigates ADHD, and then self-compassion to situate the research aims within the second cycle of the Intuitive Inquiry approach.

### What is Attention-deficit/Hyperactivity Disorder?

Attention-deficit/Hyperactivity disorder (ADHD) is a neurodevelopmental disorder, thought to impact 3-5 % of the population (Faraone et al., 2003; Polanczyk, 2014). ADHD symptoms persist, impacting a person's functioning throughout the lifespan (Sibley et al., 2017). Each stage of life brings new challenges for people with ADHD (Cherkasova et al., 2013). As a balance to the strong narrative of ADHD alongside neurobiological explanations, insider perspectives provide a critical lens on how ADHD has historically been medicalised and socially constructed, highlighting the importance of considering factors beyond the individual (Sedgwick, 2019). Consequently, it is important to consider environmental, cultural, and gendered factors alongside neurobiological ones.

According to the Diagnostic and Statistical Manual – 5th Edition (DSM-5), ADHD has three presentations: predominantly hyperactive(ADHD -PH), predominantly inattentive (ADHD -PI) and combined presentation (ADHD-C)(American Psychiatric Association, 2013). Very broadly, the facets of these presentations can be described as:

Predominantly Hyperactive:

- Hyperactivity: excessive movement, fidgeting, not sitting still, having too much energy and/ or being talkative
- Impulsivity: failing to consider the consequences of one's actions or decisions

Predominantly Inattentive

- Inattentive: trouble focusing, staying on task, organising, remembering daily tasks and attending to details

Combined

- Combined: Criteria are met for both Hyperactive and Inattentive

Considered a dimensional disorder, ADHD symptoms present across a continuum from mild to severe, with each person experiencing their own unique constellation of symptoms. Underlying factors causing the symptoms provide each person with a unique set of challenges that impact daily functioning (Katzman et al., 2017). Diagnosis is generally given to those whose symptoms sit at the extreme end of functioning. Below the mild quotient, members of the population may have subclinical symptoms, not quite meeting the clinical threshold for ADHD. Crucial to the diagnosis is understanding the level of distress faced in light of the symptoms (Rivas-Vazquez et al., 2023). The DSM-5 highlights the dimensional qualities of ADHD with their severity ratings (American Psychiatric Association, 2013).

Table 1.

*ADHD Severity Table*

| Severity | Description |
|---|---|

| | |
|---|---|
| Mild | Few symptoms beyond the required number for diagnosis are present, and symptoms result in minor impairment in social, school or work settings. |
| Moderate | Symptoms or functional impairment between "mild" and "severe" are present. |
| Severe | Many symptoms are present beyond the number needed to make a diagnosis; several symptoms are particularly severe; or symptoms result in marked impairment in social, school or work settings. |

*Note.* Data is from the American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). https://doi.org/10.1176/appi.books.9780890425596

ADHD symptoms create challenges that result in functional impairment. These challenges are present in all spheres of life, including academic, occupational, relational, mental health and self-concept (Barkley and Fischer, 2019). ADHD impacts a person's ability to 'derive a sense of self and identity' through goal-directed actions. This can be frustrating, eroding a sense of self and contributing to an increasingly pessimistic outlook on life. People with ADHD have challenges with future-focused, goal-oriented behaviour, and despite attempts to try harder and apply themselves, functional challenges can be barriers to success. Executive functions, which are affected in ADHD, are self-regulatory operations of the brain that require integrated brain systems. Differences in the brain areas responsible for executive functioning can make it difficult to develop, organise, and sustain the behaviour needed to meet goals over time. While executive function challenges are well documented throughout a dearth of deficit-focused literature available on ADHD, many researchers and insider accounts highlight strengths associated with ADHD, such as hyperfocus, creativity, and high intrinsic motivation (particularly

in areas of interest), which often lead to exceptional achievements (Sedgwick, 2019; Hallowell & Ratey, 2011).

The underlying mechanisms of ADHD symptoms may vary from person to person. There is no single causation, gene or brain system that has been identified that leads to ADHD. Many integrated brain systems have an impact on ADHD symptoms, resulting in both structural and functional differences. The default mode network manages the brain at rest, influencing inattention and distractibility; the prefrontal cortex and dopaminergic systems are implicated in attention regulation, working memory, response inhibition, executive dysfunction, decision-making, and vigilance; and the subcortical ventromedial region, which is home to well-known dopamine pathways that impact motivation. The dopamine pathway theory is particularly well known in reward-deficiency models of ADHD (Volkow et al., 2009). The reward deficiency models of ADHD have been key targets of chemical intervention through stimulant medication.

Not all people with ADHD seek or need a diagnosis.

Initially considered a disorder of childhood, many saw ADHD as something that would grow out of. However, contemporary understandings of ADHD highlight the lifelong, pervasive impact of this neurodiversity on functioning across the lifespan. Sibley et al (2022) note that symptoms persist across the lifespan in 90% of people. In 2014 only around 20% of the population estimated to have ADHD, were diagnosed (Ginsberg et al., 2014). These numbers suggest that many more people could benefit from diagnosis and/or treatment. Of those who go undiagnosed, some develop compensatory skills to support themselves (Rivas-Vazquez et al., 2023), and others find academic or occupational environments that suit their skill set. Even if people do develop coping skills, ADHD can have serious impacts throughout the lifespan. Even

adults who may not have experienced significant impairment from ADHD symptoms in early life acknowledge the difficulties experienced from unidentified symptoms (Ramsey, 2017).

ADHD diagnosis has been increasing. This increase in diagnosis of people with ADHD has followed a similar trajectory of increases in other disorders such as social anxiety, autism spectrum disorder (ASD), obsessive compulsive disorder, Tourette syndrome and bipolar II disorder (Atladorrir et al., 2015; Katzman et al., 2016; Zablotsky et al., 2017). This lift is likely due to several interacting factors, such as parents having children later in life, changes in diagnostic criteria, and improved awareness in the general population and professional communities (Atladottir et al., 2015). Interestingly, the DSM-IV (APA, 1994) prohibited the co-diagnosis of ADHD and ASD, so a shift in the DSM-V (APA, 2013) to the exclusion of that prohibitive diagnosis may have contributed to a lift in both.

ADHD diagnosis in females often happens later in life (Attoe & Climie, 2023). In childhood, boys are more likely to be diagnosed, with a ratio of three boys for every one girl. By adulthood, this shifts to 1:1 (De Silva, 2020). The under-identification and underdiagnosis of females have been attributed to gender differences (Skogli et al., 2013). Internalising behaviours, such as anxiety, are more prevalent in females who also display lower rates of externalising disruptive rule-breaking behaviours, seen more often in males. This difference is often pointed out as the biggest contributing factor to lower diagnosis rates in girls. However, Holthe & Langvik (2017) suggest that many factors can lead to ADHD symptoms being missed in childhood. Sometimes, high IQ can compensate for ADHD challenges, as could school and home environments that are structured and supportive to prevent the deficits from being exposed. Females also develop coping strategies to manage and are more likely to ‘work harder’ to overcome challenges (Quinn & Madhoo, 2014).

Gender effects may impact the rate of symptom presentation. Fedele et al. (2012) looked at gender differences in college adults with ADHD. Their study showed that women with ADHD had higher rates of inattentive symptoms. The women also reported higher rates of impairment than men, and this was present in many areas of their lives. They speculated on the socialised gender expectations on women, as contributing to higher levels of distress in women than in men. Low self-esteem and anxiety are exacerbated in women with ADHD by increasing life stressors; this leads to difficulties coping at home, feelings of disorganisation and the experience of body-based symptoms related to the anxiety (Quinn & Madhoo, 2014). Functional impairment from ADHD can have substantial impacts on the lives of women (Lynn, 2019). Acknowledging women's diagnostic experiences provides context for biological interventions, such as medication, while also emphasising how social expectations and gendered experiences shape both the recognition of ADHD and the outcomes of treatment (Morgan, 2024; Quinn & Madhoo, 2014).

Gendered social expectations are different for girls and boys. Holthe & Langvik (2017) explored the impact of gendered expectations on functional impairment in women. They highlight that the social and cultural context in which an ADHDer exists dynamically interacts with social norms regarding appropriate behaviour. For women, the pressure to exhibit traditionally feminine qualities that align with gendered cultural norm expectations creates social pressure towards conformity. Hinshaw & Scheffler (2014) note that many symptoms of ADHD get framed as 'moral deficits'. To avoid social sanctioning by peers and adults, there can be increased pressure to hide perceived unacceptable behaviours that are considered to violate the feminine identity upheld by society.

Females respond differently to stimulant medications than males do. Stimulants are the first-line treatments for ADHD. Women are under-represented in clinical trials, leading to most of the research for medication being completed on men (Attoe, 2022). Hormone fluctuations can impact the efficacy of medication at certain points throughout the cycle (de Jong et al., 2023). This is particularly pertinent in medication for ADHD due to the interaction of dopamine and estrogen (Jacobs and D'Esposito, 2011). While research is sparse in this area, ADHD symptomology in the late luteal phase increases. Increased dosages during this time can support a consistent response to medication.

Common co-occurring disorders in females with ADHD are different to the most common co-occurring disorders in males (Levy et al., 2005). Women were more likely to be diagnosed with separation anxiety disorder and generalised anxiety disorder, in contrast to men, who are more likely to be diagnosed with conduct disorder or oppositional defiance disorder. Women have been reported to have higher levels of mood disorders, eating disorders, and sleep problems (Fedele et al., 2012), as well as difficulties with peer relationships and a greater incidence of low self-esteem (Biederman et al., 2004). However, this differs between ADHD subtypes (Levy et al., 2005).

### ADHD co-occurrence rates

ADHD has high co-occurrence rates with mental health disorders, with up to 80% of people with ADHD meeting the criteria for at least one other psychiatric diagnosis (Torgensen et al., 2006; Sobanski et al., 2007; Katzman et al., 2017). In children with ADHD, two-thirds will have co-occurring conditions, most commonly Oppositional Defiance Disorder (ODD), Conduct Disorder, Anxiety, Depression, Tic disorders, Tourette syndrome, sleep disorder, learning disability, and 12-15% of people with ADHD will also meet the criteria for an ASD diagnosis

(Demontis, 2023). ADHD also has high co-occurrence rates with other neurodevelopmental disorders (Antshel et al., 2013; Cainelli & Bisiacchi, 2022; Zablotsky et al., 2017).

Behind depression at 40% (Das et al., 2018), anxiety is one of the most common co-occurring mental health conditions (Bloemsma, 2023). ADHD and anxiety have a high symptomology overlap; when this is adjusted for, it remains co-occurring in 25% of clinical samples. The relationship between ADHD and anxiety is not clear; some believe anxiety may precede or follow ADHD, while others believe the relationship is more complex. Interestingly, anxiety does have a functional and protective benefit, resulting in enhanced behavioural inhibition and slower motor and response speed (Bloemsma, 2013).

**ADHD – deficit, disability or something else?**

Questions are often raised about ADHD and whether it is a disability. This distinction can vary from country to country, but in Aotearoa New Zealand, a diagnosis of ADHD does not automatically qualify a person as having a disability. For ADHD to qualify as a disability in Aotearoa New Zealand, there needs to be proof of measurable functional impairment *(A thriving ADHD community that enriches the world,* n.d.). Typically, disability status associated with ADHD is linked to the severity of the ADHD diagnosis (*Families living with ADHD*, n.d.). Deciding the severity of a person's ADHD will be part of the diagnosis. Many do not meet this impairment threshold required for disability, and consequently are unable to access any support affiliated with meeting the threshold. That means that many people with ADHD identify and supply any ‘supports’ they need independently.

This expectation on the ADHD individual to participate in society as if they are ‘normal’ and to conform to the social pressures of participating in the same way as neurotypical peers is

referred to as ableism (Murray, 2021). Ableism promotes the valuing of able-bodiedness and able-mindedness, and consequently devalues things which do not fit into 'able' categories. Murray (2021) noted, "Ableism in relation to ADHD would be the requirement to be or interact in line with social norms – to behave in a manner that does not hint that one has ADHD or its related impairments" (p. 3).

When exploring the experiences of Ableism in ADHD, Murray (2021) found that understanding internalised ableism was important for appreciating the 'internal burden' of coping that got shifted onto people with ADHD. Internalised ableism means that people with ADHD internalise the social norm expectations of non-ADHD peers, and consequently compare themselves to others who do not have ADHD. The process of internalised ableism promotes a constant striving for 'normal', or as Campbell (2008) puts it 'passing'. This idea of 'passing' requires effortful activity by the person with ADHD to be less like themselves, and more like the socially upheld construct of 'normal'.

### ADHD and Models of disability

The way ADHD is conceptualised can shift how it is perceived within society and by people with ADHD. Three common models that will be considered in this section are the medical model of disability, the social model of disability and the neurodiversity approach.

The medical model of disability has been the dominant model of disability since the 1800's (Zaks, 2023). It positions disability as abnormal and consequently shapes actions that are aimed at normalising disabled people. In this model, disability is framed as impairments that a person has. The name ADHD is drawn from the medical model and contains the words deficit and disorder, which suggests that the person with this diagnosis is both deficient and disordered

in comparison to ‘normal’ people. Walker (2021) highlights that this name is pathologising and advocates for change.

Forcing people who do not fit into social perceptions of normal can be harmful. Disability is framed as belonging to a person, and the responsibility for that disability is on the individual. There is an expectation for striving from people, so that they can present as normal or normal passing. Normalisation stigmatises difference.

The social model of disability takes a different approach, shifting the blame away from individuals and instead positioning society as responsible for barriers and inequities that prevent people from being able to fully participate in society (Zaks, 2023). In the social model, disability is instead positioned as “a state of inability perpetuated by social factors” (p. 3234*).*

Early proponents of the social model of disability rejected the idea of biology playing a part in the experience of disability, and laid the blame squarely on the medical model as being individually pathologising, and proposed the idea of breaking down social barriers so that all might be able to participate in society to the fullness of their capacity. Later, Shakespeare & Watson (2001) suggested that the strong focus the social model put on barriers being social led some to reject the importance of specific interventions and approaches to teach skills to disabled people.

The neurodiversity approach considers aspects of both the medical model and the social model to be important (Zaks, 2023). Taking an interactionist perspective, the neurodiversity approach acknowledges that intervention for support might happen at an individual level, at an environmental level, or by intervening at both the environmental and the individual levels. It focuses on interventions that will support the greatest improvements to the person’s quality of life, rather than focusing on what causes the disability. It also highlights that the individual will

most likely have the greatest insight into what will be most helpful to them, and consequently, their preferences should be the primary consideration.

Table 2.

*Comparing the Medical model, the Social Model and the Neurodiversity Approach*

| Medical Model | Strong Social Model | Neurodiversity Approach |
|---|---|---|
| Disability reflects disorders deficits and diseases that exist within the disabled person | Disability is caused by barriers imposed on the disabled person by society | Disability is the product of an interaction between the characteristics of a disabled person and the environment around them |
| These disorders may be innate, or they may have originated through developmental cascades and interactions with the environment, but either way, they exist within the person | Individuals may have impairments in their minds and biology, but these impairments are not disabling unless society imposes restrictions on people with impairments | Disability can be addressed by reshaping environments and society (e.g., working to reduce stigma) or by changing the individual (teaching them adaptive skills) |
| Disability should be addressed by curing or normalizing the disabled person to make them more like an abled, typical individual | Disability should be addressed by reforming society to provide accommodations, increase accessibility, and decrease stigma and discrimination | Curing or normalizing the disabled person should not be goals |

| | |
|---|---|
| | Diversity of minds and brains should be valued and individuals with neurological disabilities should be accepted for who they are |

*Note.* Data is from Dwyer, P. (2022). The Neurodiversity Approach(es): What Are They and What Do They Mean for Researchers? *Human Development*, *66*(2), 73–92. https://doi.org/10.1159/000523723

Neurodiversity as a term was introduced to academic literature by Judy Singer around 1997 and was coined and developed within the Autistic community (Botha et al., 2024). Diversity in the ecosystem is essential for stability, and with this in mind, cultural stability might also be of evolutionary benefit and facilitated by neurodiversity. With high rates of ADHD in the community, some have suggested that ADHD behaviours have likely been beneficial to the survival of the species at one or more points in our evolution. In a recent study by Barak et al. (2024), attention deficits were linked to increased likelihood of exploring while foraging, via an online simulation. This experiment showed that those with ADHD traits got higher rewards than those in the control group, supporting a foundation for evolutionary benefit.

The Neurodiversity approach focuses on interventions that support adaptive skills to benefit personal wellbeing, but do not support the promotion of 'normalising' behaviours. An example given by Dwyer (2022) is in relation to 'stimming'. Autistics/people with autism often criticise interventions aimed at reducing stimming. This is considered an approach by neurotypicals to make autistics/people with autism appear more normal (and therefore alleviate the discomfort to the neurotypical). It is not adding value to the life of the person being asked to

change. There is increasing awareness and acceptance these days that many stimming behaviours support well-being. While it is generally accepted that Autistic is the preferred term to use (NZ Autistic Guidelines), I have also included people-first language here.o. This is in acknowledgment that, as language in the academic and advocacy spaces changes, it does not always reflect the preferences of all of a community of people.

**Early messaging for children with ADHD**

For many with children with ADHD, school provides an environment where the executive function differences come to the fore. Kuriyan et al. (2013) investigated the impacts ADHD can have on a student. Poorer outcomes were present across all areas of school assessment when compared to same-age peers. Poorer outcomes impact students' ability to build and maintain self-esteem (Camel 2020). Even gifted children with ADHD display lower rates of self-esteem, behavioural self-concept and happiness than their same-age peers without ADHD (Foley-Nicpon et al., 2012). Failure in school often leads to receiving negative feedback and hearing about things they didn't do well. Padilla-Petry et al. (2018) studied the perspectives of children in schools with ADHD and found that the school environment amplified feelings of not fitting in, being stigmatised and being alienated. Schools amplify feelings of difference for children when they are not perceived (by themselves or others) as normal. The structures of school systems focus on normative standards of behaviour and achievement, leading to negative feedback.

Childhood is full of life stages where peer group acceptance is a crucial part of development (McKegg, 2021). Friendship bonds help to shape identity and feelings of belonging. However, school environments can promote normative social expectations, resulting

in children being compared to other children and comparing themselves to others. Feelings of inadequacy early in life impact self-confidence, amplify feelings of isolation and lay the foundations for negative self-perceptions. The self-perceptions of children with ADHD at school are defined by self-comparisons to peers they considered normal (Shattell et al., 2008). The social projection of what is normal gets internalised as personal expectations and may be keenly felt by people with ADHD. The strategies that individuals use to navigate social expectations, including masking or 'passing', highlight the psychological burden ADHD can create, and suggest that cultivating self-compassion may serve as a resilience-building approach within the social setting pressures (Barkley, 2015; Sedgwick, 2019)

### ADHD research in New Zealand

Increasingly, research on ADHD is being done in the Aotearoa, New Zealand context. This research has often focused on the lived experiences of people with ADHD. As this research base grows, nuance that are particularly pertinent to the Aotearoa New Zealand context gets highlighted.

Tipene (2023) noted that ADHD research in Aotearoa, New Zealand, is sparse. She also draws attention to international research that highlights discrepancies in the diagnosis and treatment of ADHD between cultural groups. This is particularly important in the multicultural environment in Aotearoa New Zealand, as barriers to health service access disproportionately impact minority groups. Māori, the indigenous people of Aotearoa New Zealand, experience a significant difference in the dispensing of ADHD medication to Māori children compared with non-Māori (Cargo et al., 2022).

McKegg (2021) shared the perspectives of four New Zealand children diagnosed with ADHD, as well as those of their parents. This research highlighted the way children with ADHD can experience feeling excluded, and that they didn't receive the support they needed at school to participate fully. Peer rejection, loneliness, difficult classroom environments and a lack of support were highlighted as barriers. Positive experiences were also highlighted, with teachers described as caring and genuine in their efforts to support children. Children also valued using their interests to drive their learning and the integration of the outdoors into learning.

Murray (2021) highlighted the missing voices of people with ADHD in research literature and the experiences of the newly diagnosed. This study drew attention to the need for early support after diagnosis, increased understanding of the impacts of impairments and treatments available and the prevalence and impact of shame related to living with ADHD. Recommendations from this research suggested personalised toolboxes that people with ADHD could create, use, and adapt to support themselves. Tools created with an understanding of their personal coping strategies, unique to them and that value individual agency and the expression of their authentic selves.

**What is Self-Compassion?**

Self-compassion is defined by Neff et al. (2017) as "a type of self-to-self relating that represents a compassionate rather than uncompassionate stance toward the self when faced with personal suffering". Positive psychology often describes it as a cognitive coping strategy (Muris et al., 2019), and, according to Miyagawa and Neff (2023), it is a state of mind. In times of distress SC is being able to express support and care for yourself, whether the cause of distress is externally or internally derived (Neff, 2021). SC can be gentle and nurturing, but also has the

formidable potential to be instrumental in action-oriented change for self-protection and meeting one's own needs. Negative beliefs can be grounded in sociocultural factors. For example, Western culture does not generally promote self-compassion as a virtue (Neff, 2023).

Three commonly held misgivings about self-compassion are that it's weak, self-indulgent and will undermine motivation (Neff, 2023). However, research does not support this position. SC helps individuals choose goals wisely and supports greater personal responsibility for their actions.

SC has also been linked to better mental well-being. A desire for personal well-being lifts motivation and promotes healthy coping strategies (Neff, 2023). Higher scores of self-compassion have been linked to lower anxiety, depression, and stress scores (Neff, 2023); lower mental health symptoms (Macbeth & Gumly, 2012) and lower body image concerns (Turk & Waller, 2020). Self-compassion also acts on shame, a core feature of negatively geared thinking. In a self-compassionate writing condition, Johnson & O'Brien (2013) induced shame by recalling memories and found that writing compassionately decreased shame and negative affect.

Unsurprisingly, beliefs about self-compassion impact the effects of self-compassion. People with negative beliefs about SC were less likely to be SC in their responses to real and hypothetical events. Across 3 studies, Chwyl et al. (2020) presented emotionally challenging scenarios and measured participants' negative SC beliefs, their intention to practice SC and coping strategies. Negative beliefs about self-compassion were more likely to lead to people not being compassionate with themselves.

**Self and other-oriented compassion**

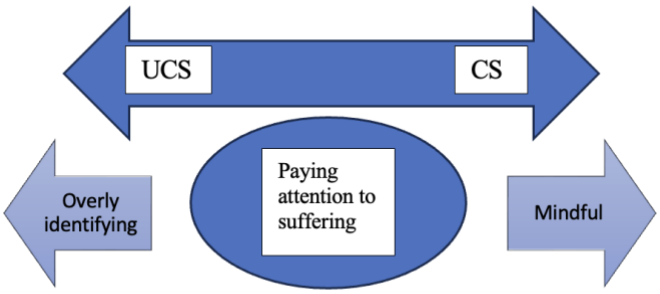
Self-compassion as a separate construct from other-oriented compassion is a contested point. One school of thought is that SC is a related but separate construct from other-oriented

compassion. Others are more closely aligned to the Buddhist perspective that SC and C are aspects of the same process.

There are several measures for SC. One of these measures is the Self-compassion Scale (SCS) (Neff, 2016). This measure is built on the following definition: "(a) how people emotionally respond to suffering (with kindness or judgment); (b) cognitive understanding of their predicament (as part of the human experience or isolating); (c) pay attention to suffering (in a mindful or overly identified way)." This definition falls into three general domains that mutually affect one another. Each of the domains exists on a bipolar scale, from uncompassionate self-responding (UCS) at one end to compassionate self-responding (CS) at the other.

Figure. 1

*Bipolar scale for compassionate and uncompassionate responding*




*Note.* Data from Neff, K. D. (2016). The self-compassion scale is a valid and theoretically coherent measure of self-compassion. *Mindfulness*, *7*, 264-274

Another measure, which operates on the assumption that self-compassion and other-oriented compassion are more closely aligned, is the Sussex-Oxford compassion scales (SOCS). This tool contains two measures, one for self-directed compassion, SOCS-S and one for other-

directed compassion, SOCS-O. These two scales are based on the same definition: Compassion is a "cognitive, affective and behavioural process" made up of the following 5 dimensions: (a) Recognising suffering; (b) understanding the universality of human suffering or understanding or common humanity; (c) feeling for or empathy with the person suffering (d) tolerating uncomfortable feelings; (e) motivation to act/ acting to alleviate suffering" (Strauss et al., 2016).

The SOCS scales were created to be a more cohesive definition, towards a new measure of compassion (Strauss et al., 2016). Through a comprehensive review of current measures and literature, this definition was designed. Based on their research, this measure comprehensively assesses SC. It has acceptable levels of reliability and validity and captures more fully the factors associated with compassion.

Buddhist philosophy suggests that there is an inclination to falsely differentiate the self from others. Strauss et al.'s (2016) approach supports this view. However, Neff and Pommier (2013) contend that self-compassion is not required for other compassion and associations between the two may be weak. Both things may be true. Chio et al. (2025) suggested that self-compassion may be quite nuanced and shaped by sociocultural orientations to collectivism or individualism. To address this, they suggest that awareness of baseline SC or compassion can help ensure that training approaches are tailored to participants. Their research suggested that people experience better mental well-being when their compassion for self goes 'hand in hand with compassion for others'.

Compassion interventions rely on the assumption that compassion, being a trait-like quality, can be developed through skills practice. However, Strauss et al. (2016) remind us that compassion can be both state and trait-like. There is a difference to be discerned between state and trait SC (Wiesmann, 2024). Trait SC is related to stable aspects of a person's personality

(Rosenberg, 1998). It is the tendency someone has towards SC. State SC is the amount of SC a person has at any given time and may shift and change depending on the situation. Wiesmann (2024) calls for state SC to be treated as a dynamic construct that is responsive to the moments of stress, in which it can be accessed.

SC can be increased through skill training, which highlights the accessibility of this trait as an intervention (Neff, 2023). It has been used as an intervention in many therapy approaches. Galili-Weinstock et al. (2018) note that SC is a pivotal mechanism of therapeutic action, regardless of therapeutic orientation.

### Self-compassion and gender

Gender differences have been identified in self-compassion. Macbeth & Gumly (2012) showed that men tended towards higher SC scores than women. Maris et al (2019) supported this finding in children, showing that boys have higher total SC scores than girls when using the SCS. Gill et al. (2018) also found that adolescent males had higher levels of SC and lower levels of psychopathology than adolescent females, and that once again. This may be the result of gendered expectations and differences in gender socialisation.

### Self-compassion and Self-esteem

According to Neff (2011), self-compassion is a preferable target intervention than self-esteem for improving mental well-being. For many years, self-esteem has been a targeted factor for producing better mental health. However, years of research have highlighted that self-esteem is contingent on experiences that are often beyond the person's sphere of control. Self-esteem

relies on positive self-evaluations for improved happiness; however, it is dependent on external factors like social approval, attractiveness, and success. Consequently, it is conditional.

Low self-esteem is shaped in early life by highly critical environments, poor academic performance and life stresses such as relationship breakdown or financial stress (Neff, 2011). It can also be influenced by media, friends, family and the work environment. Because self-compassion is not contingent on comparative judgments, it is a better alternative to self-esteem. It requires an identification with common humanity and unconditional self-worth; that we are flawed, and that imperfection is something which connects us.

### Self-Compassion in New Zealand

There is a growing focus on SC in the Aotearoa, New Zealand context. While not an exclusive list, some of the research that has been done in this context will be mentioned here. O'Hara-Gregan (2023) explored the practices of 12 teachers who practised Mindful Self-Compassion and its impacts on their well-being. The practice was shown to support self-awareness, enable common humanity and support teachers to respond to themselves in difficult moments with kindness. This highlights the utility of SC for individuals but also an opportunity for organisations to consider SC training to support wellbeing in high-stress positions.

Several other studies have been done in this country: SC and body appreciation in adults (Braven, 2023); the impact of a mindful self-compassion intervention with patients with diabetes (Friis et al., 2016); self and other directed compassion in relation to anxiety (Webb, 2024) and the relationships between non-suicidal self-injury, emotion dysregulation, self-esteem, and self-compassion among young adults in Aotearoa, New Zealand (De Silva, 2023).

### Self-compassion with ADHD

ADHD symptoms are often negatively viewed by society. Over time, people with ADHD may come to consider their symptoms as personality traits or personal failings rather than symptoms (Beaton et al., 2020). For humans, who are socially geared mammals, preventing rejection is a vital drive. Fears of rejection can lead people to accommodate the difference between others' views of self and one's own. This results in the internalisation of society's negative views, which helps the ADHD person feel more congruent with society. This can also lead them to act towards themselves in the way others have reacted to them. If society is critical of the ADHD person's actions, they may internalise those criticisms. Self-critique can be effectively navigated in a compassionate landscape. Self-compassion is a learnable skill and may be a powerful intervention to support well-being. SC as a coping strategy may offer resilience to criticism and rejection, and support higher levels of authenticity (Beaton et al., 2020).

## *Research Aims*

The purpose of this research was to explore how self-compassion is experienced by women with Attention-Deficit/Hyperactivity Disorder (ADHD) in Aotearoa, New Zealand. It sought to understand how self-compassion was conceptualised and how it was navigated within the context of having an ADHD diagnosis. The research used a qualitative approach, using semi-structured interviews to generate research data for thematic analysis, within the intuitive inquiry method, inviting transformation and compassion to the research endeavour.

The flexibility and cyclic nature that is built into the intuitive inquiry approach prompted the emergence of metaphorical sense-making for the researcher's subjective responses. This metaphorical sense-making was explored through imagery, movement, poetry and art making.

This allowed for deep reflection on the concepts and an opportunity to see things in a more interconnected way. The methodology will be explored next.

## Methodology (Cycle 3)

### *Method*

This section will explore the methods used in the research. The thesis had a number of interactive frameworks and approaches. I have created a table to clarify the influence of each of these aspects on the research.

**Table. 4**

*Making sense of the methodology*

| Section | Approach | Purpose |
|---|---|---|
| Structure | APA 7th | Layout of the whole document |
| Approaches | Qualitative | Exploration of participants experiences |
| | Phenomenological | Emergent findings/ inviting SC in interview |
| | Critical | Sociopolitical contributing factors/conditions |
| | Transpersonal | Interconnected aspects, transformative |
| | Heuristics | Plurality of voices cross-disciplinary/creative /insider knowledge |
| Method | Intuitive Inquiry | Insider to topic, research as transformation, compassionate |

| | | |
|---|---|---|
| Metaphor | River | Intuitive inquiry cycles are like the stages of a river which supports sense making of the I.I. structure |
| Interviews | Semi-structured | Adaptive / flexible, invitation to meander |
| Analysis | Thematic analysis | Getting a sense of shared or important experiences on the research topic |
| | Inductive | Theory building – content as driver of the codes |

**Qualitative Approach**

The research was done using a qualitative approach. The qualitative research approach provides an opportunity to elevate the voices of participants (Fossey et al., 2002). Qualitative research is a term used to describe various methodologies that "describe and explain" people's "experiences, behaviours, interactions and social contexts" (Fossey et al., 2002). It provides an opportunity to dive into the contextual depths of a topic and explore perspectives. Introducing

**Intuitive Inquiry**

This research used an intuitive inquiry method. Grounded in Feminist theory, Intuitive Inquiry is a 5-cycle hermeneutic approach, bringing compassionate engagement to the research endeavour and inviting personal transformation for the researcher through the research process.

The five phases of the intuitive inquiry approach are cyclic and iterative (Anderson 2019). The cycles create an ongoing process of interpretation moving the researcher forward, in connection with their own intuitive processes and in pursuit of transformational insight. Cycling

is repetitive, often involving a return to previous sections. As the process unfolds over time, so too does the researcher's understanding of the topic.

This research approach appealed to me, as my own frustration and resistance to linear and reductionist approaches were emerging. Reductionism, with its tendency to break things down into their smallest parts, seems to decontextualise and limit the nuance of human experience (Anderson, 2000). This approach was timely for me, I was already being drawn to the interconnection between things, seeing relationships and patterns forming where I hadn't seen them previously.

As suggested by the name, intuition is an active constituent of intuitive inquiry. Anderson (2000) defines intuition as:

> " novel thoughts and ideas, together with insights derived from nonrational processes such as dream images, visions, kinaesthetic impressions, a felt (or proprioceptive) sense, an inner sense or taste accompanying contemplative practices and prayer, and spontaneous creative expressions in dance, sound, improvisation, writing, and visual art."

Intuition and observational data complement each other in this approach, and like observational data, intuitions require corroboration and are susceptible to error and bias. As an insider researcher, I needed to remain aware of the potential for my experiences to be projected onto the data. Creative processes were used throughout the research to support ongoing reflexivity, including movement, poetry and artmaking, which helped me notice and work with my responses as they arose. While traditional research approaches focused on validity, which can distance the researcher from the participant and from the research, this approach helped me to maintain a connection while engaging reflexively (Anderson, 2000).

Validity can be achieved in compassionate ways. Anderson (2000) points to the principle of sympathetic resonance as an essential component of validity in research that brings a 'compassionate heart'. As a validation procedure, resonance directly and immediately draws the researcher's attention to the importance of what is being discussed. She also highlights how compassion can be present at each stage of the research process; inviting meaningful questioning, creating an environment for open sharing from participants, allowing the researcher to honour the data throughout the analysis process, and letting values and intentions guide the presentation of findings.

Resonance in the research design invites the researcher to position the inquiry from their own experience (Anderson, 2000). Rather than the difficult (and in reality impossible) process of asking the researcher to abandon their position in pursuit of objectiveness, the researcher is invited to acknowledge that they are 'part of what is known' and that this cannot be abandoned. There is no claim to objectivity, but rather an acknowledgment of what it is to be human, exploring very human and sometimes intangible topics. This intangibility often requires less procedural and systematic approaches, instead drawing on metaphor, imagery, symbolism and simile.

Reflective listening was an important feature of this research. By listening to both the participant and the inner responses of myself as the listener and witness, there was an opportunity to be present with myself as an experiencer while being present to the participant. Anderson (2011) suggests that the researcher's capacity for reflective listening provides a sort of 'sympathetic resonance' that facilitates the participant's ability to 'listen to the depths of their experience'. This process was informed by my dual position as both researcher and experiencer. It required an ongoing awareness of how my internal responses shaped the research encounter.

Indwelling also played a part in this process. Indwelling is a process of seeking a deeper meaning through turning inward. Seeking deeper meaning, encouraging the researcher to see and follow emerging threads (Anderson, 2011). This invites a very dynamic and creative engagement with the research, sparking curiosity and inviting a flow-like state when engaging with parts of the process.

As a researcher, I am not positioned as a detached observer, but rather an engaged participant, in the co-construction of meaning.

**Mapping Intuitive Inquiry to the river metaphor**

Surfacing from the research is the metaphor of a river. Rivers have played important roles in many cultures around the world, as healers, sustainers, cleansers, and as pathways to heaven. Rivers have played a crucial part in the establishment of early civilisations, with cities building up around them. Rivers replenish us, and as humans, being made of 50 - 60% water, rivers run through us (Hossain, 2015). The river is used in this thesis as a metaphorical container. It is used structurally as a way of organising and making sense of the Intuitive Inquiry research sections for myself.

Lakoff and Johnson (2008) note that conceptual metaphors are a common element of human thinking and coming to understand the world. Metaphors have been used throughout Western science traditions and can be helpful for making complex ideas accessible (Pierotti, 2016). The use of metaphor as a research strategy allows the qualities assigned to one element to be transferred to another less well-known element, making it more recognisable (Ghazinoory & Aghaei, 2024).

Using the river metaphor as a structural, conceptual metaphor gave me the opportunity to transfer qualities present in the river cycle across to the Intuitive Inquiry cycles. This helped me

break down the process in a way that was meaningful to me and has supported me moving forward with my research. This metaphor emerged from the process and was not initially planned.

The river cycle is often shown as a 3-part cycle: the upper course, the middle course and the lower course. The upper course begins with a source, and the lower course ends with the mouth of the river. With the addition of the mouth and the source, the river cycle has five parts, and these will be used and mapped onto the Intuitive Inquiry cycles.

Each of these river stages has several possible forms. The form chosen for a corresponding cycle is one that felt like it shared traits with the qualities in the tasks of each intuitive inquiry cycle.

The 5 parts of the river cycle that will be used in this research are as follows:

- The source: A resurgence
- Upper Course: Tributaries
- Middle course: Meandering
- Lower course: Mangroves
- River mouth: Delta

I will explain each of these sections below.

The source: A resurgence

The form chosen for the source of this metaphorical river is a resurgence. A resurgence is a pool or spring of water that forms at the beginning of a river. It is the furthest point from the mouth of the river and travels through underground tunnels and caverns to emerge above ground. This resurgence, in terms of the research topic, is not a beginning, as it is a point of crystallisation. It defines where the topic, having been shaped by deep internal processes, emerges from the unconscious and becomes conscious.

Figure 2.

*Cycle 1. The resurgence*

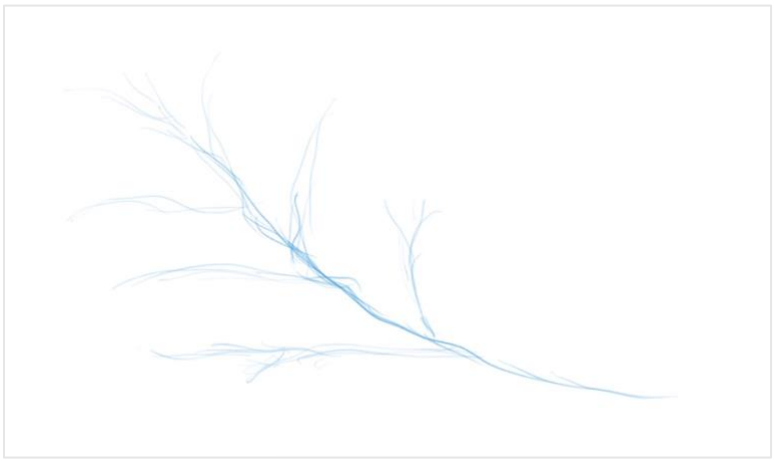
Upper course: Tributaries

The form chosen for the upper course is tributaries. Tributaries are small streams of water collecting across the land running down slopes, adding to the main flow. In this section, the river is still forming. The tributaries all contribute to the growing river, adding to its volume and influencing the direction and speed at which it travels down the steep valleys.

The tributaries felt symbolic of the literature review process. Drawing on a vast array of resources, each new source added to the 'river of knowledge' on the topic being explored, consequently broadening my perspective. With each addition, there is a shift in the way the research shapes and, in small or large ways, each piece of literature alters the research course.

Figure 3.

*Cycle two: Tributaries*



Middle course: Meander

In the middle course of a river, the land that the river travels through becomes less steep. The river carves its way across the land, forming broad riverbeds; the water finds the path of least resistance through the surrounding landscape. The form chosen for this stage is a Meander. Meanders have a unique hydrology, slowing down as they move towards the outer edges of the bend and, at the same time, facilitating an acceleration point at the inner part of the bend, which pushes the water back out and into the main flow. At the very edge, there can be almost completely still sections of water. The meander is dynamic, and the flow is relative to where the water is on the river bend.

This meander was a good symbolic fit for the data collection section. In particular, the back and forth of talking to participants to organise the interviews, and the process within the interviews themselves. This interview section was where the river metaphor first emerged, where participants were invited to 'meander' when answering the questions. Meandering was a way to honour and lean into the context-building style of responding that ADHDers often narrate with.

Figure 4.

*Meandering*

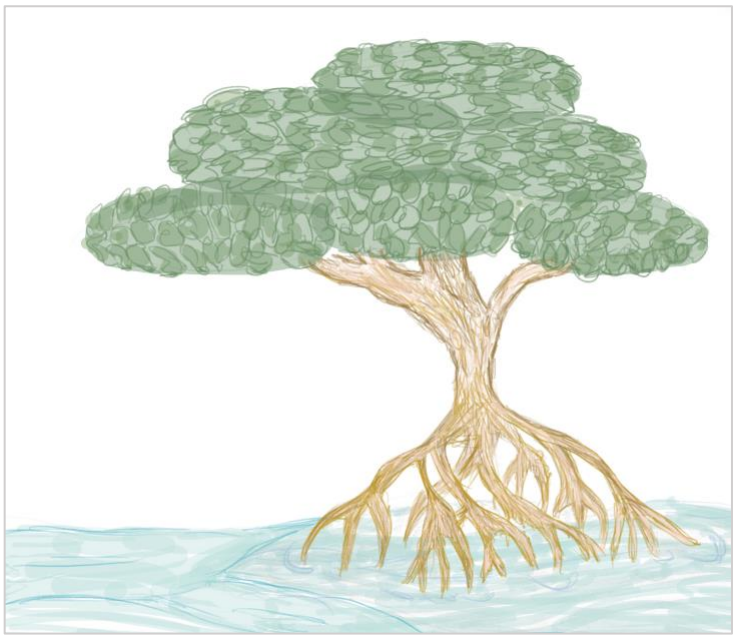
Lower course: Mangrove swamp

The form chosen from the lower course possibilities is the mangrove swamp. The lower course is the slower part of the river. The mangroves grow where the tidal rivers meet the fresh river water. The mangrove swamps are crucial for filtering sediment that has been carried by the river, preventing it from being washed out to sea. They buffer the shoreline from tidal erosion and act as a nursery, protecting small fish and other sea life in the early stages of life.

Filtering the sediment seemed very pertinent in this section. There was a murkiness for me in Cycle 4, which required me to revisit the process many times. Cycle 4 is the transforming and refining section (Anderson, 2011). I re-read the guidance on this part of the process, eventually gaining clarity and shaking off the uncertainty. It's murky in the roots of the mangroves.

Figure 5.

*Cycle 4. Mangrove swamp*

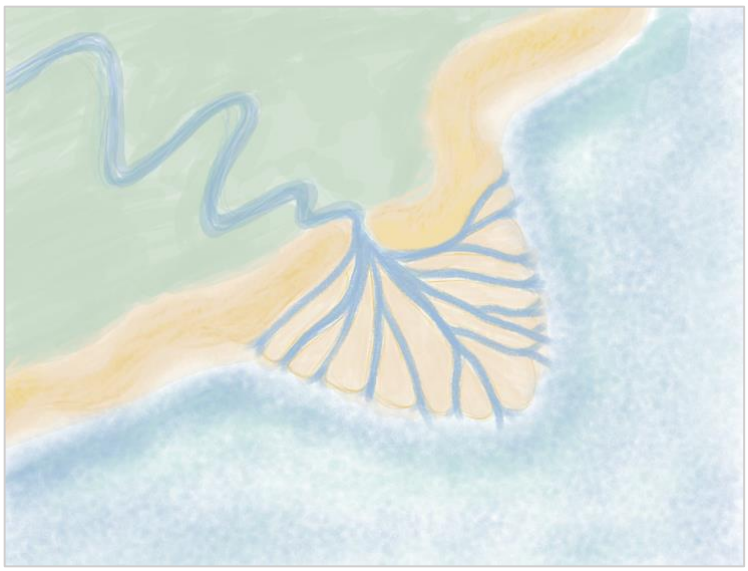


River mouth: Delta

The mouth is the point where the river joins the sea. When looking at the various types of river mouths, I was drawn to the delta for this section. The delta is a slow-forming land growth at the mouth of a river. The land slowly spreads outwards as the gentle and slow-moving waters of the river deposit silt and soil, which have travelled down with the river's flow. The deposition of soil creates land banks interspersed with smaller canals of water, which are the result of the main river splitting into what are called distributaries. The mouth of the river was symbolic of letting go of this research and sharing it with the community so that it might become part of a greater body of knowledge.

Figure 6.

*Cycle 5: River Delta*



The way the Intuitive Inquiry cycles are structured means that all of the thesis is method; consequently, the cycles do not map directly to the traditional APA sections of a thesis. I have included a table below that helped me make sense of the steps and the way the sections relate to each other. The river sections are also included. This mapping process provided me with a way to gain clarity of the Intuitive Inquiry cycles through a metaphor that I could connect with.

Table 3.

*Mapping sections to cycles and the river metaphor*

| Traditional Sections | Intuitive Inquiry Cycles | River Sections |
|---|---|---|
| | Cycle 1 Clarifying the Topic | The Source / resurgence |
| Literature Review | Cycle 2 Preliminary Lenses | Upper course/ tributaries |

| | | |
|---|---|---|
| Data Collection/ Analysis | Cycle 3 Data collection, analysis & findings | Lower course / meander |
| Discussion | Cycle 4 Transforming and refining | Flood plain / mangroves |
| | Cycle 5 Findings discussion & implications | The Mouth / delta |

The emergence of the river metaphor supported an engagement with the whole research process in a creative way. The utilisation of non-typical research practices supported an intuitive, embodied and compassionate engagement with the topic. This dynamic approach to engagement with research encouraged me to lean into the ways of navigating this process and methodology as a river might, shifting, evolving and transforming over time into each new stage.

**Intuitive Inquiry Process**

The Intuitive Inquiry process has specific goals in each stage. These are not linear, but cyclic. There is often a revisiting of previous cycle stages as the researcher moves back and forward through the cycles. In this research, the tasks of each stage required me to bring in different ways of approaching the content and what was required. This shifted between intuitive, creative and scholarly application. Process of each section identified.

Having named each of the sections in corresponding river metaphors that I have lined up with the Intuitive Inquiry cycles, I will next describe the undertakings in each of these cycles.

***The resurgence (Cycle 1: Clarifying the topic)***

During Cycle 1 of Intuitive Inquiry, the researcher clarifies their topic. Several approaches supported this cycle.

My initial plan was not to do Intuitive Inquiry. At the suggestion of my supervisor, I decided to go with Intuitive Inquiry. In my initial writings, I found myself writing about self-compassion rather than mindfulness, which was pointed out by my supervisor. This helped to steer me towards the topic and method.

As I read about Intuitive Inquiry, I was drawn to creating an imaginal piece. The aspects of the creative processes that were utilised are outlined here.

a. Movement – authentic responding
b. Journaling – words on paper
c. Reflection – wandering mind
d. Mark making – sketching, doodling, soft-lead pencil on paper
e. Art making – creating art from marks

Through movement, journalling, mark making and art, I created a symbol which I came back to throughout my research, as a point of reflection. In the process of embodying the imaginal process, I realised that one of my favourite lower body movement patterns, was a similar shape and quality, as my favourite gestural movement. A carving, arcing motion, that has an acceleration from the edges towards the middle and a deceleration as it moves from the centre to the edge. Within Hackney's (2002) work on Bartenieff fundamentals (a developmental movement framework), they give a brief overview of Laban's Movement Analysis. Within this overview they refer to carving within the category of shape change, and note that "Carving provides a quality of movement that leads to integrating the self and the world." (Hackney, 2002, p.222). This carving motion in movement exemplifies the mover in a co-creative

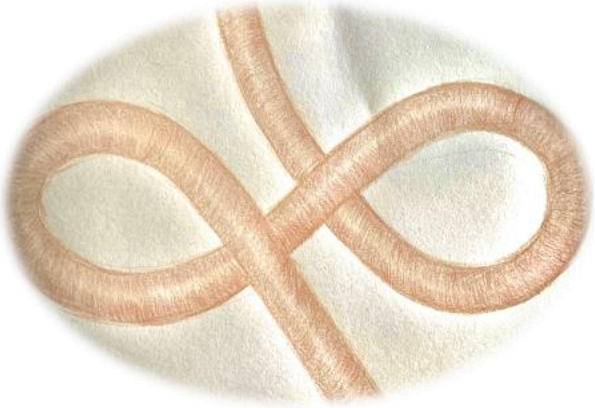
relationship with the world around them. This cursive f shape, in small gesture on paper, or in larger sweeping movements that incorporate and engage my torso provided me an embodied anchor to the research. A well timed bus ride with a colleague suggested that due to my love of writing with soft leaded pencils on textured paper, that I use this as an embodied entry point for engagement with the research, an offering which I picked up.

Using the gestural movement of the f on paper with pencil, the movement itself was satisfying to me. I explored this further, moving into the figure of 8, which was a similar pattern, but it didn't move across the paper. I found the 8 uncomfortable: a somatic experience of stomach tension that I often relate to anxiety. I also explored the growing 8, and was reminded of the pipi shell, as it gets big it builds out from point at which the two parts meet. This reminded me of the learning cycle; that as we come back around the wider rings build on and incorporate the original learnings. That the previous ring provides a foundation to build upon. It felt important that the shape had movement and expansion. I called the symbol 'goingness'. Hackney (2002) frames 'goingness' in relationship for the movement effort of flow. Flow is the continuity of movement from which all other movement efforts "emerge and return" (Hackney, 2002, p. 219). Flow has 'goingness', sometimes a outpouring of "free flow", sometimes contained "bound flow". Whether it is free or bound, an outpouring or a contained trickle, where there is movement, there is "goingness".

I took the 'goingness' symbol and created an art piece with it. This is referred to throughout the research.

Figure 7.

*Goingness – emergence of symbol through movement, mark making and art*



***Tributaries (Cycle 2: Developing preliminary lenses)***

In Cycle 2 of Intuitive Inquiry, the researcher is asked to identify their preliminary lenses. The preliminary lenses are a set of statements that the researcher believes to be true as they head into the research. This stage is crucial for the Intuitive Inquiry as it establishes a point to return to in Cycle 4 and allows the researcher to identify and explicitly name shifts in understanding that have emerged about the topic through the process of the research. As the intuitive research approach is transpersonal, this shift in understanding is often akin to personal transformation.

The preliminary lenses being taken into the research are influenced by two key forces. The first is the literature review, which brings the broader assumptions of self-compassion and ADHD to light. The second is more personal and related to my own assumptions, because of the experiences that I have had as an insider to the topic. Detailed below are the initial lenses with which I entered this research.

**Preliminary lens: Self-compassion is a daily practice**

My experiences with seeking further training in self-compassion led me to a barrier. When I was looking at the prerequisites for training, there was a question that had me discard my application, 'do you have a daily practice of self-compassion'. I definitely didn't sit down daily and complete a 'practice'; therefore, I assumed the training wasn't for me. Throughout the literature, self-compassion is often referred to as a practice, with seemingly no focus on spontaneous, emergent self-compassion.

**Preliminary lens: Mindfulness without SC can be another way of indulging in self-criticism**

Coming to this research with a solid background in mindfulness (mindful movement in particular), I had planned to research Mindfulness and ADHD. This shifted in the early phases, as I realised how crucial self-compassion had been to support my mindfulness practice. Initially, mindfulness courses were challenging experiences for me, as a lack of 'achieving' mindful states would leave me feeling disappointed and result in self-directed criticism. I recall the way mindfulness shifted for me as I became more self-compassionate. It was due to this experience that self-compassion became the focus of this research.

**Preliminary lens: SC is accessible to everyone because you can do it alone**

I believed that SC was a skill that was accessible to everyone and could be used independently of interactions with others. The independence this provided as an intervention was very alluring.

**Preliminary lens: Self-compassion is a panacea for low self-esteem**

The literature review had begun to highlight the power of SC as an approach to mental well-being, and that, unlike self-esteem, it wasn't contingent on achievements. This suggested to me it was more reliable, and this appealed to my sense wanting to find 'easy to use strategies' that could help people feel better. It had helped me, and I was curious about the experiences others with ADHD had with SC.

**Preliminary lens: Internalised negative messages from childhood, impact self-compassion in people with ADHD**

Is it a common experience for ADHDers to experience high levels of self-criticism? I was aware of the impact early messaging about being lazy could have, and saw this reflected in literature. The literature also showed that SC measures were not only lower in people with ADHD, but also in women. I wondered how others made sense of this. These lenses will be revisited in Cycle 4, during the returning arc of the Intuitive Cycle.

***Meandering (Cycle 3: Data collection, Analysis and Findings)***

In Cycle 3 of Intuitive Inquiry, the researcher engages with the practical aspects of the research. This section aligns with the methodology section of a research report. According to Anderson (2011), considerations that are important for this stage are ensuring that the methods of

research are carefully selected to suit the research topic, the participants, and the personal skills of the researcher. The researcher is also invited to consider what methods will provide an environment for the phenomena being studied to emerge in real time.

### Recruitment

This research was assessed as low risk, and ethics approval was granted. To recruit participants, A poster was created for online distribution (see Appendix C). Twenty participants signed up with initial interest, and a total of seven participants were interviewed. Recruitment was posted on ADHD Facebook pages, and for ease of sign-up, a QR code was linked to the poster, which directed participants to a quick-to-fill-out 'expressions of interest' online form. The link to the expression of interest page was also included in the online posts.

### Participants

Participants signed up from across Aotearoa, New Zealand. Surprisingly, all participants were late-diagnosis women, within the last seven years. Many participants had completed postgraduate study, which had relied on a research component, which made them compassionate to a student researcher seeking participants. Others were interested in supporting lived experience ADHD voices in research, and others had a connection to the self-compassion topic.

Two participants had co-occurring diagnoses of ADHD and ASD, with one other seeking a diagnosis and self-identifying. Many participants were parents, and most worked in people-facing positions supporting wellbeing or learning goals for others. Ages of women ranged from early 20's to mid-50s.

Some participants were open about their diagnosis and were deeply involved in advocating for the ADHD community. Others were in situations where they felt disclosing their diagnosis would negatively impact them.

### Choice of self-compassion definition

The definition that was used to explore self-compassion was drawn from the work of Strauss et al. (2016) and contains 5 aspects of self- and other-oriented compassion:

a. Recognising suffering (noticing)

b. understanding the universality of human suffering or understanding (common humanity experience)

c. feeling for or empathy with the person suffering

d. tolerating uncomfortable feelings

e. motivation to act

### Data Collection

Consent forms were sent out and signed; interview times and places were scheduled. Initially, one interview was set up for in-person, but this changed, so all were held online. The consent parameters and a review of the participants' rights were clarified at the beginning of each interview.

A semi-structured interview process was used, containing guiding questions, which participants could decline to answer. The guide is available in the appendix (see Appendix D). It was also communicated that anything could be removed from the interview if they requested. A couple of the participants accepted this after some very open sharing. After one participant

requested the interview guide in advance, I made a point of asking the rest of the participants if they would prefer this.

Several factors were considered when deciding how the interviews would be set up, conducted, and recorded. In service of the participants, choices regarding interview location were offered (in-person or online). Participants were invited to bring anything to the interviews that supported their comfort and ways of engaging. Prompts were also given, as interview questions, to support self-compassionate engagement for the participants in the interviews. This provided an opportunity for self-compassion to 'show up' in the interviews. It was an intentional attempt to create a space that was comfortable for participants to show up as they are, as authentically ADHD as possible. This included the following aspects:

a. Invitations to bring into the interview things that would be supportive, such as comfort items and/ or fidgets
b. A slow transition into the interview, offering participants the chance to check their environment, move as needed and make sure they had everything they wanted (drinks, etc)
c. Invitation to meander through the topics and suggesting that direct answers were not 'required'. Context building and associative thought processes were welcomed with the perspective that tangential answers would be a rich landscape in which responses would emerge.
d. An invitation to choose how to begin (sharing background, context for the research, Karakia, prayer or anything else) was welcomed.

In service of my own needs as a researcher, I took two copies of the recordings (either via Zoom, Otter.ai or an audio recording on my phone as a second, where video was declined). This was to support my attention to the present moment with the participants.

I was under no illusion that the first interview would bear any resemblance to the second; different people, different day, different dynamic, and a personal shift in understanding of SC. Flexibility in communicating the questions was exceptionally important, as participants often asked for rephrasing of the questions or examples. This supported understanding and led to a negotiated understanding of what was being asked.

Participants were invited in the middle of the interview to do something for themselves that was self-compassionate. This offered participants the chance to check in, notice and act for themselves if this was appropriate for them.

My positioning as an insider to the ADHD community and as a Dance Movement Therapist also shaped the interview environment and the choices I made. There was an existing sense of familiarity and shared understanding, which supported openness through shared experience. And this also required an awareness of assumptions that may have gone unspoken or unquestioned.

**Data Analysis Method**

Intuitive Inquiry calls for choosing the data analysis method that best suits the data. I hadn't completed thematic analysis before, so this was a new way of engaging with data. I do feel like other analysis methods could also have worked for this data, but to me, there were clear themes and connections being made across the research, which I was excited to explore. The data analysis incorporated aspects that were aligned with a more traditional thematic analysis, as well as aspects that are crucial to the Intuitive Inquiry approach to data analysis.

From the Thematic Analysis perspective, an inductive approach was used. In line with Braun and Clarke (2006, 2019), themes were not understood as pre-existing entities waiting to be discovered. Instead, they were seen as actively constructed through my ongoing engagement with the data. This process involved interpretive decision-making, shaped by both the participants' shared experiences and my own position as a researcher within the analytic process. The inductive approach allowed the content from the participants to drive the themes. This helped to ensure participants' voices were central to what emerged, as well as providing flexibility in the coding process.

Aspects of Intuitive Inquiry were also deeply interwoven in this section. Anderson (2011) noted that whether the data gathered is formal, informal, procedural or intuitive, all information gathered is considered potential data for analysis (Anderson, 2011). Throughout the process of analysis, I felt myself resonating and responding to the shared experiences of participants. This required creative ways of processing my own reactions to this deeply personal and moving content. I engaged with a creative synthesis in these moments, utilising a connection to poetry. These creative processes were not only modes of engagement but also functioned as reflexive tools, allowing me to process my own responses and return to the data with greater clarity, having teased apart participant voice and personal resonance. These poems are scattered through the thematic analysis and appendices (see Appendix B).

At stages of the analysis process, I was required to take moments to incubate the data, walking away from the computer to allow the information to shift and shuffle through my mind. These are crucial settling periods, allowing for the integration of the data through nonlinear brain activities (Anderson, 2011). These activities included movement, walking in nature along riversides, and spending time in the garden. My thoughts would shift in and out of the research

content and allowed for surprising connections to emerge, which I would jot down in a voice note or email to myself so I wouldn't lose the thread.

The combination of Intuitive Inquiry and thematic analysis allowed for an organic unfolding and evolving understanding of the themes.

### *Mangrove swamp (Cycle 4. Final Interpretive lens)*

In Cycle 4, the final interpretive lens is identified by returning to the initial preliminary lenses identified in Cycle 2. As part of the returning arc, the researcher revisits the initial lenses with new insight from the research process. The final interpretive lenses are then drawn from the content of the thematic analysis, but do not have to match the identified themes (Ludwig, 2011). Several intuitive processes were drawn on in this section, which are discussed further in Cycle 4.

### *River Delta (Cycle 5. Final Lens Discussion and Implications)*

In Cycle 5, the researcher engages with a discussion, incorporating the final lenses and the implications of these in light of the literature review and new literature that is brought into support. This section is very similar to a research report discussion section, but also incorporates a chance to reflect on experiences with the Intuitive Inquiry approach as well as strengths, weaknesses, and limitations (Anderson & Braud, 2011).

## *Further Ethical Considerations*

This section considers the ethical aspects of the research process.

### Ethics

I found the ethics application a surprisingly daunting task. This was my first ethics application (other than being part of a non-university research project that was guided by my

employer). Even with a low-risk application, I felt a surprising pressure to get it right and am grateful for the guidance I received in this.

### Te Tiriti o Waitangi

It is with purposeful attention that I chose to label this section Te Tiriti o Waitangi rather than Treaty of Waitangi. I do this as a way of acknowledging the vast differences in the two documents. I give precedence to Te Tiriti, as this was the version signed by Māori in Aotearoa, New Zealand. I have sought guidance over the last two and a half years from three friends, whom I have mentioned in my acknowledgments. Their honesty, patience and insights I have deep gratitude and respect for. Whilst many of the conversations covered ended up being outside the scope of this research, I understand that even the less obvious threads were important to my overall journey through this research. Guidance to the Wai 262 website and leading me to the work of Ngāhuia Murphy's 'Te Awa Atua' was invaluable. The guidance and support of these wāhine (women) was crucial in grounding me.

I used the Wai 262 website and Te Ara Tika as a guiding document for how I navigated the use of Māori words and concepts and sought to ensure that I was respectful in my engagement with terms and my approach. With consideration to beginnings, I incorporated a choice for how people would like to begin the interviews, making space for whanaungatanga and Karakia if this was preferred.

### Consent

Informed consent was initial, collaborative and ongoing. Negotiated consent and choice allow the participants to be active in the research process, in an ongoing relationship that is focused on reciprocity rather than exacerbating the potential for researcher/participant power dynamics. When checking in with participants before including the final quotes (to ensure that

there was a level of accuracy in the quotes), some participants asked for exclusions or amendments. Others highlighted that they had been misconstrued. Recordings were re-checked for accuracy, and when there was uncertainty, I chose to remove some of the quotes. This seemed like the most appropriate and respectful path.

**Agency**

The participants were given a choice over how they would like to participate. They were invited to acknowledge and honour their own values and needs. This was revisited when I went to choose pseudonyms. I considered from my own perspective that I wouldn't want words quoted using the name of someone in my family, or the name of a person I had a challenging relationship with. I asked for consent and offered participants an option to change it.

**Confidentiality**

Handling of personal information was a priority. Focus was given to maintaining the confidentiality of clients, including the removal of identifying information. To ensure the personal information was handled ethically (even in the transcription software), participants had identifiers as opposed to real names.

**Risk and benefits**

The core focus within this research project will be on non-maleficence: to do no harm. This is considered at the individual participant level but also at the broader contextual level of the ADHD community. The goal of this research is to draw on the strengths of the participants and to privilege lived experience. Going beyond a 'do no harm' approach and towards beneficence, the methods used were selected for flexibility and suitability to the topic and population.

Intuitive Inquiry aims to minimise power dynamics, with a strong focus on privileging the lived experiences of participants. This is a strength-based positive approach, unlikely to cause any distress. By approaching the research this way, there was a hope that it would offer participants the opportunity to reflect on their self-compassion resource.

While the study was classified as low risk, it was acknowledged that reflecting on personal experiences of ADHD and self-compassion could evoke emotional discomfort. To mitigate this, participants were reminded of the right to pause or withdraw at any time. They were welcome to skip questions, and I would delete anything that they didn't want to have included in the final quotes. The interview structure, with its emphasis on participant pacing and self-compassionate check-ins, was also intentionally designed to reduce potential distress.

### *Thematic Analysis*

Thematic analysis is a method of analysis used to derive themes from qualitative data (Clarke & Braun, 2017). Patterns are drawn from the data, and these patterns get organised into meaningful groups with similar themes. The process used in this research was inductive.

It was difficult to decide which themes to write about in the analysis and which ones to leave out. Everything felt very interconnected, and even small sections provided an overall context to the research. The sections that I have decided to include in the analysis are not always the themes with the highest quantity of thematic responses. Choosing some themes over others, by no means, negates the importance of anything that I have chosen not to include. Rather, it reflects the constraints of the research project. It is an attempt to do my best to home in on the experiences of self-compassion that most relate to the participants being women with ADHD.

Leaning into the Intuitive aspect of the intuitive inquiry approach, I let the processes of resonance, resistance and curiosity guide what was included.

This approach reflects a balance between the inductive thematic analysis and the intuitive reflexive engagement. This allowed for meaning to emerge through both coding processes and embodied, interpretive engagement with the data. I have chosen the following topics as they are missing or less present in the literature that I have read; offer insights or possible future lines of enquiry for other research; or I am intuitively drawn to what has been shared as it fills in gaps in my own understanding.

There was a revisiting of the coding, and this process created some shifts in the themes (see Appendices G and H).

The final groupings of themes ended up being:

**Table 5.**

*Themes used for final analysis*

| Theme | Subtheme |
|---|---|
| Emerging self-compassion | Early experiences |
| | Emergence |
| | Diagnosis as accelerator of self-compassion |
| Conditions for self-compassion | Environments |
| | Rigid workplaces |
| | Attitudes |
| | Understanding relationships |
| | Validating experiences |
| Conceptualising self-compassion | Balance and flow |

| | |
|---|---|
| Embodied Self-compassion | Cycles<br>Actions<br>Sensations and Emotions |

The Thematic Analysis Section begins and ends with a poem. Both poems are personal responses to the shared words of participants. The poems integrate the expressions of participants and my own rising sense of connection to these experiences. It highlights my emerging resonance with the participants and offers me an opportunity to actively position myself as a researcher who is not objective. This research is deeply personal and meaningful to me.

**Theme one: Emerging Self-compassion**

Subthemes:

a. Early Experiences
b. Emergence
c. Diagnosis as an accelerator of SC

The first subtheme is Early Experiences, exploring participants' recollections of childhood and having undiagnosed ADHD. The second subtheme is emergence, which takes a closer look at the experiences that participants highlighted as being important factors that they associate with increasing SC in their lives and the third and final subtheme in this theme is diagnosis as accelerator.

Self-compassion for the participants often emerged in a landscape of high self-criticism and the absence of SC. Participants shared early experiences of undiagnosed ADHD, and reflected on the way these early experiences may have contributed to and shaped a strong internalised self-critic. The poem below is an embodied analytic response to participants' early

experiences, capturing the internalised critical narratives and emotional landscapes that preceded the emergence of self-compassion. This poem also acts as a way of processing and expressing the deep resonance I felt with these shared words and experiences. While some of the words that are used are directly from the participant's narratives, they are also the words of my own time at school. The shared stories of participants evoked a strong sense of relating… and this relating is shared below, encapsulating parts of my own history and the challenges that I faced as an undiagnosed girl with ADHD through my schooling years.

### Subtheme one: Early Experiences

The emergence of self-compassion for participants cannot be understood without first considering the absence of it. Early experiences, shaped by misunderstanding criticism and internalised shame, formed the conditions from which self-compassion later began to develop.

**Too much and not enough**

My voice is too loud, I talk too much
My body is fat, and I don't do enough
I'm lazy, I'm messy, and I can't get it done
And I'm tired all the time because I'm doing too much

My emotions spill over when I get to the edge
I didn't see it coming because I dance on the ledge
Crying, yelling, rejection and dread
'You aren't doing it right', says the voice in my head

And I’ve lost touch with the things that might help me to manage

Cos they draw more attention and emotional damage

I know that the voice is trying to help me be better

But better than what? My eyes keep getting wetter…

That critical voice keeps on hammering me

‘Why can't you be like the others you see?’

Why can't you be quiet? Why can't you sit still

Why can't you remember? Just use your will!’

‘If you weren’t so distracted, and applied yourself well

If you work even harder’ says my internal hell

So, I tried to do it, I sat down to start

But instead of my homework, I spent 3 hours on art

Kicked out of my class, to sit in the hall

In a dark corridor, facing the wall

“Distracting”, they told me, “too chatty”, they said

‘You need to do better’, gets stuck in my head

Doing my homework instead of eating my lunch

Feeling confused cos I’ve missed so much stuff

Stuck in the sick bay, cos my head hurts today

Forging mums signature because I’m late again

My back hurts from taking all my books everywhere

Cause I don't know where I’m going or what I need when I get there

Late cause I went to English instead of to math

And I’m stuck in the sick bay again cause... I forgot I had that test.

By the end of my school years, I’m doing it tough

Lost in the messages of I’m not enough

Who am I, I wonder, I’m not sure that I know

And the critic now lives inside me, landing blow after blow

I learned very early that I cannot be me

It’s not the way the world wants me to be

The things that help me navigate being me

Are the things that the world does not want to see

So...

I’ve learnt to hide the bits the world didn't like

I tried to be better, I tried to be quiet

I pushed down my feelings, my wants and my needs,

I ignored all the parts that are betraying me

I worked even harder, but the harder I worked

The more tired that I got, and the worse that I hurt

For them, it’s so easy, and I don't know why I can't?!

‘Maybe you’re stupid…’ I hear that inner voice chant

I laugh along with them because I don't get the joke

I spent all my money, and now I am broke

I get lost in my thoughts and lose track of the chat

And that one time at school, I peed on the mat

I don't notice I'm hungry, ‘til I’m a ravenous beast

I don't notice I’m thirsty, ‘til I'm a shrivelled-up pea

I don't notice I'm busting, ‘til the dam almost breaks

And I don't notice I’m busy ‘til I'm almost too late

So, I eat when not hungry and drink tea when it’s cold

I still wait ‘til I'm busting, if hyper focus is involved

I overplan leaving, being extra early at times

Sometimes it doesn't work cause of the way that time flies

The world has been clear with the message it states

Like tendrils inside me, my behaviour it dictates

It’s become even louder, more aggressive and rough

And it’s clear from all sides now… I am just not enough.

These early experiences provide the relational and internal conditions in which self-compassion is largely absent, highlighting the significance of its later emergence in participants’ lives.

Each of the participants was diagnosed in adulthood, or what is commonly referred to as ‘late diagnosis’. The impacts of going without a diagnosis for many years often led participants to attribute the challenges they experienced growing up to personal flaws. This self-blame, reinforced by messaging from family and social systems, contributed to many having poor mental health and struggles with poor self-esteem. Faye highlights the impact of the social expectations on her, and the impact this had on her mental health:

> It was just like, wow. And so I have spent my entire life being incredibly hard on myself, so everything because of what I've been assumed to be, or people making assumptions about my behaviour, or make upsetting people inadvertently, or been too much for people like people always tell me you're overthinking, you're too loud, You're too sensitive, you're too this, you're too that, you're too much, and people would just leave me without telling me why, because they couldn't handle it. And so, I learned to squash it down and mask it and put it inside to make other people more comfortable. At my own expense.
>
> (Faye)

Faye recalls the impact that this had on her, feeling like she had to hide parts of herself so that others would be more comfortable.

Some participants connected the internalised critic to gendered socialisation. Claire mentions this as she reflects on the messaging around how loud a woman should be and the impact this messaging has had on her. She relates her own inner critic to the messaging that she experienced as a child about what behaviours were accepted and which ones were not.

> …this voice is loud, Shut up, Claire! That's the other thing I tell myself a lot. How quiet or how loud women in particular are supposed to be. Lots of external messages about not being too loud, about being quiet and respectful and keeping your opinion to yourself ... and then sometimes the loud escapes, and people are horrified, and it reinforces 'Shut up, make yourself smaller'
>
> (Claire)

The pressure that Claire felt to fit into a prescribed ideal highlights the process of shame being internalised. She mentions a keen awareness of how she is expected to behave, and we get a sense of the impact not meeting that expectation has on her. Claire mentions later in her interview the impact that SC has had on quietening her inner critic. This sentiment is echoed by both Ellie, who notes who gets "less hooked on thoughts", and Faye: "It's changed enormously. I've gone from self-hatred and thinking I was disgusting and thinking I was broken and dirty, not worth the thing, and unintelligent and like it's genuinely changed" (Faye).

**Subtheme: Emergence**

The subtheme of emergence is about SC coming through. Many participants talk about the role of diagnosis as important in engaging with SC, yet other aspects are also considered

important, including spaces and relationships. There are also clear barriers to self-compassion, which are mentioned by several participants in the quotes below. It becomes clear that there is a tension that exists for many participants, and their relationship to self-compassion. This tension is explored through the considerations of competing values, competing needs and competing societal expectations.

Participants shared stories of internal struggles and a distinct feeling of being different from those around them. Baily noticed this with the challenges she was having with things that others seemed to find easy:

> ... there's just always this underlying like, 'why is this a struggle,' you know? Like, I would hit these sort of mental walls of, like, these seemingly simple things, like, why can I not do this? Why is there this underlying current of, yeah, like, anxiety and discomfort…
>
> (Bailey)

Understanding that participants were finding things harder than most did not directly lead to realising that ADHD was behind it; instead, it led to self-blame. Ellie notes: "... when you're not fitting into the system, the system makes it feel like it's your fault". This highlights the impact of sociocultural forces.

Some of the participants talk about key life stages as being crucial in shifts of self-compassion, including shifting roles in their lives, but often these shifts in role are related to shifting identity dynamics.

Role and identity shifts seemed to herald in emerging self-compassion. While there is often not a single origin point that is highlighted, several interacting factors seem to point people towards more SC ways of being with themselves. Some spoke of chronic illness as being one

point for SC to start emerging, but for many, it was in relationship with others that SC tangibly started to take shape. For some, this was in becoming a mother, for others, it was working with clients. Bailey gives us an example of how the shift in roles to parenthood, heralded in a shift in compassion towards herself:

> I think, when I became a parent, and maybe that's where that inherent worth grew the most in my life is having this baby and thinking, you know, just your existence is is magical. And if your existence is magical, then therefore my existence is also really magical. Yeah, having him certainly is where, yeah, that would be the key shift, I think, for me. … I call him… the foundation of the life that I've built. And that foundation, yeah, really did start with valuing and being compassionate to myself… maybe it's relationships that sort of show up and where I have to hold to myself and examine…
>
> (Bailey)

Transitions to becoming a parent appeared as important for some participants, such as Bailey, as it signalled a point in time that maybe modelling behaviour is an important way to teach children. This desire to transform oneself in the service of the relationship to others seemed to be a powerful catalyst.

Several participants (Bailey, Ellie and Faye) talked about the role SC had in their workspaces. Ellie expressed feeling that it was important to not just teach the skills she shared with her clients, but to show them: “I want to model this for my clients”.

For Grace, there is a clear moment of change in perspective, which she attributes to a supportive relationship:

> Maybe it was earlier in 2021, I was having a not-very-fun time in my life. And it was some not very healthy coping mechanisms to deal with all that. And a good friend just said, 'Hey, you know what? You should just love yourself a little bit more.' And then something just dropped like this in me, and I took a month to pull myself together. That was really powerful.
>
> (Grace)

**Subtheme: Diagnosis as an accelerator of SC**

Diagnosis led to increases in SC behaviours and thoughts. While it was not the spark for SC, it made substantial shifts in the way people saw themselves, spoke to themselves, and engaged with their environments. This is why the subtheme is called diagnosis as accelerator of self-compassion. When talking about the emergence of SC, Ellie recalled:

> [Self-compassion's] Been floating around for a while … and then it's definitely been much more of a factor intentionally since the Autism/ADHD diagnoses. But before, you know, I've been chronically ill for like 11 years, so it's definitely been in there and [I've] done lots of work on the inner critic.
>
> (Ellie)

What was present in many of the narratives was the way diagnosis allowed for self-acceptance, self-kindness and releasing oneself from the high expectations participants had of themselves. Alice shares the way the diagnosis really shifted the expectations she had of herself:

> So yes, lots of compassion, because I realized all the stuff that I secretly like thought badly about myself for and it was very masked, because I've been, like, an overachiever, perfectionist, who's, like, been bombing myself on the inside, you

> know, for years. And then I was just like, 'Oh, my God,' there's reasons, you know. And, yeah, I just took myself off a big Meat Hook when I found out, and it was like it was really positive for me.
>
> (Alice)

Alice highlights here that sometimes the coping strategies she had used in the past were related to holding herself to high expectations and to mask the challenges that she had. This externally presented perfectionism covered an inner experience that was at times harsh and self-critical. The diagnosis offered a sense of relief and a chance to let go of some of the pressure she was putting on herself.

The diagnosis was seen by some as a window of insight, providing them with some context for why they navigated the world the way they did. For some, it facilitated feelings of relief. This is explored in more detail below by Alice. She highlights how the diagnosis gave her a better understanding of why her memory was the way it was. The diagnosis helped her make sense of some of the executive function differences she experienced:

> Yeah, definitely the best thing it did for me, and I don't even, I don't even think I'll get medicated, because I feel like I can manage the situation, okay, um, but the best thing it did for me was let me have that compassion and understand where things were coming from and what was making things happen, you know? And just learning, like, yeah, there's a reason for all of this, you know. And I kept trying to push myself into jobs and things which were like, law and things which required extremely good memory. … but I my memory is so bad, like, I thought I had Alzheimer's or something when I was like 20, because my memory was so, my memory is so bad, like, my working memory is nonfunctional... So just

> knowing that that was caused by something. And actually, you know, it's not because I've got early Alzheimer's, or something.
>
> (Alice)

There is a sense of relief expressed in the words from Alice, as she talks about her poor working memory, and the way the diagnosis allowed her to let go of concerns she had about early-onset Alzheimer's. The fear of knowing something wasn't quite right, but not having the reason for it, meant that knowing it was ADHD brought a deep sense of relief.

Whilst many participants talked about the relief that came with the diagnosis, other feelings were present during this process. Below, Dani shares her thoughts on how diagnosis has created a sharp shift towards radical self-acceptance, which she has associated with a sped-up identity-forming process: "this radical self-acceptance, almost, …. It's like you're finding out overnight, this is who you are… I just feel like it was this very sped up, ... identity-forming process" (Dani).

Dani is offering insight into how diagnosis has supported her in coming to know and understand herself better.

The diagnosis seems to act as an opportunity for some to relieve themselves of normative social expectations and release themselves from some internalised critical shaming. A new worldview or lenses through which they could see themselves and, in turn, re-contextualise the experiences throughout their lives. This is discussed by Ellie:

> Yeah, I think you know, and you hear this a lot, you know that it's not that I'm broken. It's that I process things in different ways, and being able to go, 'Okay, it's this. Alright, okay, I'm not lazy. I'm not any of the other things.' …Getting more of an understanding of how my brain is different as well. And you know, there are

> lots of challenges with that, but also the validation of knowing that that's what was happening instead of, yeah, that I was different and didn't fit. And you know, that's still true, but I look at it in a very different way.
>
> (Ellie)

Letting go of beliefs about being broken and towards an understanding of her differences allowed her to reassess the labels that she had attached to herself. Diagnosis seemed to offer her a way of validating her experience in the world.

There was a big shift and sense of relief for many of the participants, though there were tensions that arose for some in the process. We discuss more tensions in other sections also, but this one highlights the tensions associated with diagnosis and its impact on emerging SC. Claire's source of tension was generated from external sources despite her own sense of relief and joy from the diagnosis.

> Oh, it's been a very interesting process… I was euphoric. I was 'I can stop trying to fix myself now'. This is, this is me. I'm just going to work with what I've got. But since then, other people's reactions have kind of damped down that euphoria; even people quite close to me have hmmm, I, it has revealed some things I was not aware of about how people feel about me, which is going to take me some time to work through.
>
> (Claire)

Claire's reflections here on the reactions of others highlighted things that she hadn't previously been aware of in the relationship. Dani also identified the way relationships had changed for her after diagnosis:

> I guess it's improved certain relationships that are like the ones to stick with, and it's… impacted some friendships ... I'm not pushing myself to like interact in the same way I did before… I'm learning better boundaries. You know, if it's a friend that's saying something that shows they don't get me, then I'm sort of I'm not shaming myself, but learning to go like, okay, they're just not we're just not going to be best friends.
>
> (Dani)

Many felt the diagnosis was an opportunity to stop doing things that were hard and move towards more easeful ways of being in the world. And while this seemed like the most logical step forward for the participants who felt this way, external social pressures were exerted to encourage them to continue to mask and operate in the world in a socially expected way. This links to the role ableism plays, in encouraging and expecting others to conform to normative standards, despite the amount of pressure, discomfort or challenge those standards cause. Claire highlighted the increased pressure to work harder after sharing her diagnosis.

> Well, now that you know you've got it, you have to work harder to make up for those things you don't do well. No, that really wasn't the point. The point was, no, I'm just not going to do those things anymore.
>
> (Claire)

That even when a person has a diagnosis, they are expected to take the knowledge of that diagnosis and use it to "work harder to make up" for the things that ADHD impacts. It also highlights that there is a huge misunderstanding by the general population of the general challenges and difficulties that can be faced by ADHDers. Even when the person has been diagnosed, the pressure shifts onto them to work to change to fit social expectations.

For many participants, diagnosis was a reason to stop doing things that didn't really serve them in their lives. For some, this was giving themselves permission to pause, to say no, and to let go of things, rather than continuing to persevere when it is unhelpful or damaging to continue doing so. In many ways, this seems to be important for being able to manage in other areas of life. Dani acknowledged this, framing it as providing accommodations for herself: "Um, for me, especially these days, [SC] would very much be like providing accommodations for myself. So that might be like giving myself permission to do things easier…" (Dani).

Diagnosis did come with some post-diagnosis downtime for some, where there was a letting go of the pressure, some skill regression and dropping masking. In some situations, this could be because seeking a diagnosis as an adult usually coincides with times of life of increased pressure or stress, where it becomes extremely obvious that compensatory coping strategies are not working, and it is more explicitly obvious that personal variation and differences in functioning are impairing people's lives to a considerable extent. However, sometimes this increased awareness of what is happening and why reduced the desire to conform to rigid systems. Self-compassion looked like meeting their own needs, yet this seemed to be a mismatch with the external expectations of working, studying and maintaining family lives.

> I was suddenly aware of all of my traits, really aware of ... sensory stuff …I'd always known that there was sensory stuff, but like, suddenly it was much more pronounced. And I think, like a lot of other people before they're diagnosed, they're kind of running on... negative self-talk and anxiety to get things done... And so... I just sort of stopped pushing so much. ... It's still an ongoing battle of trying to get stuff done that I need to ... my functioning doesn't match up to what I need to do sometimes.

(Dani)

Many of the habits that come with operating through the inner critic are no longer seen as a way of navigating motivational challenges. In many instances, the diagnosis comes with a sudden shift in understanding, which in many leads to a sort of letting go. Receiving a diagnosis does not necessarily come with tools and skills that can be used to replace the inner self-critic, which has served a pivotal role for many as a motivator. When maladaptive compensatory practices are let go of, there can be a lag between finding adaptive skills that can support a person post-diagnosis:

> …the more you, you accept yourself and unmask then actually, the more support needs arise. And if there aren't those systemic resources or whatever, then it can cause issues if you're, you know, you've got that self-compassion, but it's almost like jumping off a cliff and then there's no one to catch you. Well, then, is it actually good that you, you're making that step, or is it actually potentially dangerous… for some neurodivergent people?
>
> (Dani)

This idea of becoming more authentic and aligning with meeting one's own needs, dropping the activities a person uses to pass for normal, activities that have been essential for many years as a way of fitting into society and avoiding social rejection.

Whilst some participants feel free to talk about being diagnosed, others are more cautious about whom they tell. Awareness of the stigma that people with ADHD face influenced this decision, whilst others mentioned a nervousness around having to defend themselves and the diagnosis. Ellie shares her experience of post-diagnosis:

> I think for a while, there's still been kind of like layers or cycles of imposter stuff going on. Like, do I actually fit there? Were they wrong? You know… bouncing in and out of that. So, I was pretty quiet, and not, you know, like mostly in the reading books and following people online kind of space in terms of finding resources.
>
> (Ellie)

It was not uncommon for a diagnosis to bring complex feelings, grief often being one of the first. Grief for what has been, what might have been if people had known earlier, and a letting go of long-held personal beliefs to make way for new perspectives on themselves. The following quote really highlights the impact initial diagnosis can have and some of the tensions that are present post-diagnosis:

> I think when I got diagnosed, I spent six hours crying and grieving from the bottom of my heart, so much, and then I thought, I can't look at these things that way. I need to look forward and somehow… over time, … 'oh, okay, of course I have ADHD'…. things came together. ... It's a lot. I'm still trying to figure out work and things, because I can't go back to an office job and get anxiety again, and now I know why.
>
> (Grace)

Not all participants were using ADHD medication, but when this was discussed, there was a mixed response to its benefits. For Bailey, the act of noticing was supported by medication: "It's just allowed me space, I guess, to notice more about myself and be able to attend to things, yes, so much easier" (Bailey).

Having the ‘space’ to notice more of what’s happening shows the positive impact that a diagnosis has had for Bailey in being able to attend to herself in a more compassionate way. In this way, the medication has become a resource or tool. This is an internal attentional reference to space, as opposed to physical space.

Bailey also mentioned in the interview that noticing is very important for her to be able to access SC: “I think the recognising, suffering, the noticing is probably really key for me".

**Theme two: Conditions for SC**

Subthemes

a. Rigid workplaces

An unexpected (but welcome) theme was Conditions for Self-compassion. In this section, the participants reflect beyond the personal sphere, about environments that can either hinder or facilitate SC. Subthemes in Conditions for SC are related to environments and attitudes.

Bailey brings this to the fore:

> I think maybe that's [an] important part of this conversation too, hey. To, to be able to have self-compassion… there's so many other determinants that need to be considered, yeah, like your economic status and your access to healthcare and your access to good kai and a warm home, like all of those things. They create conditions for self-compassion. And yeah, even just saying that, like reflecting on the conditions that I had needed to be able to do that for myself. Like, of course, it's not just relationships. It's that… I have a roof over my head, and I had the funds to be able to go and get a diagnosis.
>
> (Bailey)

It became clear that there were conditions that made self-compassion more accessible for the participants. There is a sense, through the name of it, that self-compassion is an individual skill or state that one can access. Yet, when participants spoke of SC, they often talked about it as relational: to the self, other, or the environment.

**Subtheme: Rigid Environments**

A subtheme was the challenge of being ADHD in work and educational spaces where neurodiversity is misunderstood or not considered. Challenges highlighted by participants were systems, negative attitudes and lack of understanding (Ellie); trying to meet their own needs and it being met with barriers (Dani); bright lights in the office (Dani and Grace); and highlighting safety concerns, being ignored and having to leave workplaces due to the clash in values being untenable was mentioned by Faye.

Ellie highlights the challenges of trying to make herself fit into a system that she isn't designed for and the way this shifted her towards self-employment:

> Yeah, there was a key reason why I left my last employed job. I was just trying to get the environment to fit me, and they weren't really willing to meet me even halfway. And it just got to this point of continuingly, you know, knocking up against a wall. And I was like, actually, this isn't what I need to be doing ... being able to run my own practice, work the hours I want, choose who I see, be creative, not see anyone before 11 ... It's just been such a wonderful shift. ... a self-compassionate life, being able to shift and change based on your needs, instead of beating yourself up for having needs ... I don't work full time, and it's not something that's possible for me, but I'm okay with that, you know? So, I think within the self-compassion space is also some radical acceptance, I think really very much goes along with it, in terms of accepting where things are, but also being self-compassionate about where you are.
>
> (Ellie)

Working for herself allowed Ellie to "shift and change" based on her changing needs. She highlights that this is part of moving towards a more "compassionate life". Radical self-acceptance is a key part of this for her (which is also mentioned by Dani). She frames this as being able to accept external factors as being what they are, but also being able to be compassionate towards herself with where she is at. This perhaps implies that when things do not align (where a person is at and where the external factors are at), if that gap cannot be navigated, this may be a place for action.

In someways it highlights the rigidity of workplaces as systems that are inflexible. Environments which are resistant to shift towards more inclusive ways of working, shines a light

on the ableist structures, and implicit expectations landing on the person to adapt and behave in neurotypical ways (as this is what the system is designed for). It also highlights the pressure exerted by rigid systems to assert normative expectations and standards, which are hard for the neurodiverse person to maintain over time. The extra attentional effort required to mask and fit in requires a concerted, ongoing effort, sometimes leading to burnout. At a very base level, the system and the individual have clashing values. One requires consistent, linear outputs, and the other needs an environment that can be flexible to the shifting landscape of capacity and needs. Faye highlights her own frustration with the rigid systems she was working in prior to resigning recently:

> Well, they use up all the good goodness into a husk... I've been very kindly... respectfully, just setting boundaries and saying, actually, that practice is unsafe … And very gently, like speaking up. ... I'm challenging the system of abusive practice and unsafe practice, which I cannot abide by, because people die... If I stay, I'm colluding... I'm enabling.
>
> (Faye)

This idea of being able to meet your own needs and work in a values-based way often clashed with workplace culture. Navigating this tension, moved beyond frustration and became intolerable. Participants were at various stages of this, with one saying that self-employment really was a deep act of compassion. Being self-employed meant that participants could choose their start times, what clients they worked with and could set up systems that allowed them to not only be successful but to thrive. On self-compassion, Ellie explains:

> Listening to my needs and following them is a big one… Being okay with being different is another big way it shows up for me. So again, this is maybe not a

> specific, direct practice, but you know, setting up my private practice in a way that works for me is me demonstrating self-compassion to myself; not trying to fit into a shift structure or an organisational structure that doesn't gel with my brain, my values, the way I need to work.
>
> (Ellie)

A sense of frustration and exhaustion is portrayed by those who are currently in environments where they are still pushing against rigid systems that seem inflexible to their shifting needs. For those who have spent time advocating for themselves in their workplaces, there is sometimes a sense of futility. This comes across as a tension between advocating to get their needs met and pushing against the systemic barriers versus self-preservation. Below, Dani talks about this as she talks through navigating some of these tensions:

> I'm actually at the point where it's like, part of me almost can't be bothered. ... I advocate, and … I've just come up against barriers recently that's just very disheartening. And I think there's an element of like, really wanting the world to know … what it's like having ADHD... and also that element of ... it's not my job to educate you. You should be doing the work. ... After a while, you can get tired and, like, a bit sick of having to share things of what you want other people to know. Yeah, bit of fatigue ...over the fight ... there's only so much of it that it should be down to you.... It's all well and good for me to be self-compassionate and meet my sensory needs and put headphones on or whatever. But it's actually so dependent on who it is you're dealing with and who you're talking to, or who you're meeting those needs around, if that's actually going to be traumatising for you ... But actually, it comes down a lot, I think, to the people around you, rather

> than just yeah, like an internal thing... I could be self-compassionate. I could meet my needs. I could know my capabilities. But, in terms of the practical side of it, yeah, you know, if the other people aren't…
>
> (Dani)

This highlights the tensions that emerge between meeting her needs, having an awareness of her capability, and then needing to navigate an environment that might be a mismatch. Particularly being self-compassionate in the face of others who aren't understanding.

This tension is present in many participants' narratives of the mismatch between work environments and the ability to meet their own needs. Some discuss it as a situation they needed to leave, and others a situation they fear having to return to. Grace reflects on a previous role that she had in a challenging physical environment: "Open Office [plan] is awful. I feel like a target, no anchor, you know? ... And unnatural lights, bright lights I can't stand."

Participants reflect at times on how it feels to shift into a more authentic space, where they aren't maintaining artificial or external ideas and standards. Where they feel accepted, and they can work in ways which are more easeful. This seems to be facilitated not only by SC, but by embracing the identity of being ADHD, which comes with diagnosis.

> I think spaces are getting better, but I talk to a lot of other neurodivergent OTs and other health professionals who have to work for themselves, because that's the only way that they can sustain work without burnout. Yeah, because of those systems and the negative attitudes, the lack of understanding … I've worked with some clients who are health professionals as well, trying to figure out how to keep them in their job. And sometimes the answer is, you need to leave your job... And,

> you know, we might say we're a neurodiversity friendly workplace, but what does that actually mean? And what does that look like? And is it just a buzzword (Ellie)

What Ellie speaks to in this section is echoed by many participants.

In the section above, which looks at the challenges of navigating environments that are rigid and inflexible, there is a suggestion that the attitudes of people really contribute to the conditions for SC. We look at this a little bit more deeply here as a subtheme and explore the impact that acceptance and understanding from self towards self, and others towards self can have on creating an environment which supports SC for participants.

**Theme three: Understanding, Acceptance and Validation**

Subthemes:

a. Community acceptance
b. Meeting their own needs

It was beneficial for participants to find places and spaces w where participants felt they could be themselves; share their worries and hopes; and not be judged, compared or expected to conform to a normative ideal. Baily highlights that there is value in being in spaces where comparison is discarded: "… finding spaces where you can be yourself, where you can talk through your challenges and have them validated, to not have them compared, I guess, to, yeah, things that are worse off." Comparison to 'things that are worse' can leave people feeling like they shouldn't be feeling the way they feel.

For many, the ADHD community offered validation. For some, this was experienced through online contexts rather than in-person spaces. Online social media creators with ADHD supported participants to feel connected to a community and cultivated a shared sense of

belonging. This was particularly important to the newly diagnosed ADHD, which helped to reduce feelings of isolation.

> I think I'm thinking of social media here, … the normalisation and validation that I could see myself in others and hear others' experiences … it's been an important factor, I think, for me, in terms of compassion to self. And … it's accessible. I think, you know, when I was questioning and then when I was diagnosed, … the access to information is … easy. So, yeah, I think that's probably an important one,
>
> (Bailey)

As Bailey highlights above, there seems to be this critical period post-diagnosis, where there is a lot of questioning and hearing from other people with ADHD validated her experiences.

Finding other people with ADHD to talk to can help with the grief process post-diagnosis. Faye noted that it is in community with other ADHD people that she has found healing:

> The lack of lived experience consultation has meant that I have been through a massive grief process… I've only done this processing and healing through talking to other ADHDers. They are so healing for me. They're so validating… the me too.
>
> (Faye)

This reveals something about common humanity, as a concept in SC and how it might relate to the ADHD community. Often in SC practices, people are invited to remember that they are not the only ones who feel this way; that suffering is a common human experience. But when

we have ADHD, our community or sense of shared experience may not feel like it extends to the whole of humanity.

Relationships hold an important place in facilitating increased capacity for SC. When understanding is present in others, it can help participants to let go of some of their own self-judgment.

> … there'd be so many times where I just would absolutely reach ...my absolute limit... Getting some milk would become impossible. And I'm able to verbalise that now to him, which gives him a sense of understanding, and me releasing myself from that shame of like, 'just get the milk'.
>
> (Bailey)

For some, small acts facilitated by relationship partners contributed to a history of increased personal acceptance. Claire reflected on this, noting "…it would be very difficult to be self-compassionate around someone who was constantly critical of you".

Thinking broadly about common humanity in the context of 'people suffer' or 'all people experience this' might be difficult to connect with for people with ADHD, for several reasons. Emotionally, the concept of great suffering seems to be an overwhelming concept for some.

Bailey mentions her awareness of the suffering in humanity, and its potential to be overwhelming:

> The depth of human suffering is enormous. … I know we all have the capacity for suffering, and that feels too expansive for me to connect in with, and I often think we … acknowledge that, but we also need to make space for the self-compassion and the joy and the rest. So, I think perhaps, for me, in the last you know, maybe since diagnosis, it's making room for human joy, because we know that suffering

> exists, and … joy, not as just as a balm for that suffering, but as resistance, as resilience… Let's make space … for joy,
>
> (Bailey)

At an 'all of humanity' level, common humanity was a vast concept. For many, common humanity was found to be grounded in belonging to the ADHD community. This shift is possible when a person can identify as not broken, but instead belonging to a small group with shared experiences that exists in the community: "Self-compassion is easier when you know that you're not broken. ... that other people experience this thing, that there is a range of brains, and that is really key for self-compassion" (Ellie).

**Subtheme: Meeting their own needs**

A subtheme within conditions was being able to meet their own needs. Meeting one's own needs requires an action orientation towards oneself. In some ways, it is about boundaries and being able to navigate one's own shifting capacity levels. Participants meeting their own needs was seen as connected to self-compassion.

For Grace, meeting her need looked like driving: "I love driving. That's luxury and makes me happy. I think that's self-compassion. When I do something I really love doing, just for the sake of it" (Grace).

Sometimes meeting one's own needs looked like reducing expectations and demands. Dani explained how meeting her needs might look like, making decisions to not do things:

> … it often looks like taking demands off myself. So, if I'm feeling very overwhelmed or having like, yeah, a certain week, then I will look into that week and see … 'what can I take off my plate?' And then, yeah, I guess it's trying to, like, catch some negative thoughts and try and have a bit more positive self-talk.

> I'm also very into tracking my menstrual cycle and ...a little bit of like Maramataka… a lot of like listening to my body or knowing when to take it easy or when to have more positive self-talk might be with prompts from like an app or something I've got, or knowing that I'm due for my period, you know, knowing it might be a hard time and like being careful of what I expect of myself, or how I talk to myself.
>
> (Dani)

Several layers are again present in this quote from Dani. She notices where she is at, and consciously asks herself, what can I take off my plate'. She also highlighted that meeting her own needs might look like 'catching some negative thoughts', tracking her menstrual cycle or listening to her body. Tracking menstruation helped, as it can give her cues of when she needed to be careful of the expectations she had of herself. There is attention to her shifting capacity. Ellie supports this theme, reflecting on the idea of SC as a responsive attending to one's own needs, rather than a structured practice:

> ...being able to see that the way I do things is okay, and that I don't need to do things the way other people do, if that's not going to work for me. That's been huge. And having compassion for allowing that space to figure it out, to do it ... unapologetically take a footstool into my classes because my feet don't touch the ground properly, or fidget. Or when I'm at a conference, and someone asks if I want to check my bag, I'm like, no, I've got a disability, and this is my backpack, I need to keep it with me. Just being able to, like, be more comfortable. And I really noticed that shift in the last couple of months, with being more confident too, you know? I've been accommodating things for myself for a long time, and so now

> ...going, ‘this is what I need’ to other people. … self-compassion is a big part of that, to not judge myself for that.
>
> (Ellie)

There is an acceptance here that meeting her own needs looks different to what it might look like for others. When she says ‘having compassion for allowing that space to figure it out’, there is a hint that knowing what is needed in the moment for our participants is not an instant process, but requires directed attention and time to work out.

Ellie further navigates her own understandings of the SC process for her when she identifies the judgment as a potential block for action:

> I mean, there's probably, there will still be judgment for that, but to not let the judgment stop me from asking, and to be able to tune in, check in, okay, and then action. … self-compassion often gets talked about as a very as quite a cognitive process, and which is why I'm kind of like ‘this way of being’. ...when it's a way of being, there's action…the self-compassion is like a vehicle for that momentum to happen, because if you get stuck in the judgment, you're blocked, you're frozen in those judgments. But if the self-compassion can sometimes just open up that stuckness a bit, maybe not completely, to allow some ‘Okay, I'm going to do this because this is what I need to do, even if it's really hard’.

**Subtheme: Acceptance**

Allowing movement as a way of being compassionate was linked to acceptance of self, post-diagnosis. For Alice, this looked like letting go of internalised pressure to stop moving:

> Um, stimming. So, I roll my fingers ... I didn't know it was a thing, you know? I've always done it. I've got, like, a picture of me on my first day of high school

> rolling my fingers. And I always felt bad about it. And my mom would always be like, Don't do that. ... Or like, Don't wobble your foot. Or, you know, stop that, you know. ...but when I found out I had ADHD, I was like…Just roll my fingers whenever I want to. And it's a little act of self-compassion to me, because it calms me down, you know.

Alice had felt bad about doing these little actions that calmed her down, because she was told not to do them; that they weren't acceptable behaviours. The ADHD diagnosis acted as a permission-giving process that allowed her to lean into the personal movement resources that she had, which supported her to feel calmer. She sees this as an act of self-compassion and an act of acceptance of herself.

Alice goes further and explains that effort had previously gone into intentionally stopping those behaviours.

> So, all those little, all that kind of thing, which I would have tried to mask and shut down and stuff like that before. Now I'm like, meh, and that's a little act of compassion to myself, because I know now, I have ADHD, and I've got this hyperactivity inside and, and it's okay, needs to come up.

Sometimes acceptance came in the form of creating the right environment. During the interviews, the 'slow turns' seemed to support most of the participants. 'Slow turns' are the term I used to describe the transitions into the interview space, in which the space was created for participants to make sure they had everything they needed. One example of this, which really stood out to me, was when Claire and I did the interview. Slowing down and making sure she had everything she needed meant that she took the time to get a cup of tea.

Upon reflection, Clare shared: " I'm running late. I don't have my cup of tea… I wouldn't have asked for that cup of tea unless you'd said it was okay".

The importance of this cup of tea didn't emerge until later in the interview, when we were discussing the role of a cup of tea in her daily life. The cup of tea was a signifier of acceptance from her partner. He would bring her a cup of tea every day before he left for work. She reflected on the power of this as a cue to him accepting her compassionate start to the day.

> … if I felt that he was thinking, 'you're lazy, you should be getting out of bed', there is no way I could sit there and drink a cup of tea. So he is, by giving me a cup of tea, he's showing me that it's okay for me to be sitting in bed. So….he's enabling me to do what I need.
>
> (Clare)

**Theme Three: Conceptualising the experience of SC**

Subthemes

a. Balance and flow
b. Cycles

Participants were thoughtful when discussing how they conceptualised SC. The term practice was less well accepted, and participants took the time to give clarity to the terms in ways that made sense to them. The clarity seeking supported participants to consider the functional role of SC and the place it has in their lives, and the ways in which it serves them. Resistance to the idea of SC being a practice was present for some, with it being further described as "a journey" (Claire) or "a way of being" (Ellie)

Resistance to SC as a rigid action or repetitive practice makes sense in the novelty-seeking mind of a person with ADHD. Self-compassion was more often related to place or

actions than to a set practice. Some highlighted SC as a choice point to go to a place, person, or activity in which the SC was easier to access. When Ellie describes this nuance, as she talks about her resistance to the use of the word practice when describing her relationship with SC:

> So, when people talk about a self-compassion practice, and maybe this is me being specific on what words people are using, I feel like that means, 'okay, I'm going through my loving kindness phrases, or I'm writing myself a self-compassionate letter, or I'm doing, you know, I'm doing a guided meditation specifically on self-compassion'. To me, that's what practices are, whereas when I kind of say it's a 'way of being', … I may be doing some of those practices within that, but a lot of the time it's checking in, and it's like, how am I feeling right now? Do I need … to rest? Do I need to eat? Do I need to move? Where's my brain at? Can I do this thing I was planning to do? Do I need to change my plan? To me, that's a self-compassionate way of being, which feels more natural, I guess, than having … a structured routine about doing a practice.
>
> (Ellie)

Instead, her preference for the term 'way of being' highlights a connected relationship she has with herself, of checking in with herself, and seeing what she has and what she needs. Through using language that connects with their own personal experiences of SC, participants make sense of it in a way that is both meaningful and tangible. In a sense, they're reimagining SC for themselves. This reinforces the dynamic nature of SC for individuals as a strategy that can be applied in various contexts. This active checking highlights the contextual importance of being able to notice, but also suggests that some insight is required regarding how noticing might lead

to action. What is useful today may not be useful tomorrow. This reinforces the need for flexibility when meeting one's own needs.

Even for those who have participated in training, there was a sense that the practices that they had learnt were helpful, but had fallen away, and the learning had "gone down a layer where it's less overt" (Ellie).

Tensions arise for some when reflecting on SC. For Dani, inner conflict arose when she thought of SC:

> I guess it can bring complex feelings of, like, wanting to provide that to yourself. And it's probably like, internalised, you know, stigma or shame or guilt or, like, a little bit of uneasiness, but probably, yeah, I associate it with like, kindness and grace and doing what you need to do to sort of accommodate yourself
> (Dani)

**Subtheme one: Balance and flow**

Balance was important for some when they discussed how they navigated SC. Dani highlights this when she mentions "I'm often trying to ... find a real balance of, like, listening to my body…".

Yet it could be difficult to find the right balance. Bailey rejected the idea of balance and described her experience of SC as more of a flow. She reflected on how the ADHD diagnosis had given her permission to lean into the way things flowed in her life:

> … so, the diagnosis, I think, has given me permission to flow in the way that I need to. That I can have periods of intensity, and then I can have periods of like rest, and nothing. … It's allowed me to challenge the idea of like balance. That might work for other people, but I think for me, I, yeah, I want to go all in and do

> XYZ, but also know when to shift out of that and not stay locked in that. You know that sort of busyness. … So, it's that … permission to flow, in the way that I want to flow. I still get things done.
>
> (Bailey)

Moving towards flow as a way of describing self-compassion seems to reflect the participant's attunement to the shifting levels of energy that are available to her on any given day. She acknowledges that there will be busy times when she will go 'all in' and periods of 'rest and nothing'. This shifting intensity seems to be accepted by her, and she trusts that she will still get done what she needs to get done.

Flow was an important concept in the research. It represents an attending to and acceptance of shifting needs, allowing a flexibility to make changes where needed.

**Subtheme two: Cycles**

Discussions on flow also brought up connections to the environment, nature and menstrual cycles. Some participants connected to Maramataka, which is defined in the discussion, and when Bailey discusses the fluctuations of her menstrual periods, there is a mention of how this impacts the medication's efficacy. "I certainly notice it in the fluctuations, I guess, of my cycles, my periods and stuff, when, yeah, at different points where I'm like, Oh, the medication is definitely not working in the same way…" (Bailey).

Whilst internal cycles were one aspect of flow that participants drew on, there was also discussion of how external cycles of nature could support SC.

> ...when you think of how, I guess, the environment works is it … does move and flows. And I don't know if you've looked, I guess, at the link. Well, for me, I look

> at the link between ADHD and the way my brain works, between my like, period cycle, and then Maramataka as well, and … how that all flows. … I deep dive into vegetable gardening periodically over my life, and so being able to align myself with that, like the way I exist that's in alignment with the way the garden exists, or the way the moon's existing, is so helpful to yeah, creating conditions for compassion and kindness to self, and reducing some of that friction and tension, reducing those ideas around laziness ... I guess allowed me to see those cycles and that flow so much better.
>
> (Bailey)

Connection to the natural cycles in the environment allows Bailey to see herself as part of a dynamic system. She aligns herself with the shifting cycles, and being present to the natural fluctuations has created conditions for her to be more compassionate to herself. Like the natural environment, with its ebbs and flows, she too has ebbs and flows. Times when she is more active and times when she can rest.

Dani shared the impact shifting internal cycles had on her sleep, energy levels and stimulation. "I very much noticed, like, yeah, very like cyclical in terms of my menstrual cycle and how I'm managing with sleep, energy, overstimulation, that kind of stuff".

She highlights how the connection to the natural cycles of the moon and the Maramataka supports an awareness of shifting capacity that comes with shifts in the cycles.

> I'm also very into tracking my menstrual cycle and … Maramataka. So, with the um Luna sort of calendar… But yes, a lot of like listening to my body or knowing when to take it easy or when to have more positive self-talk might be with prompts from like an app or something I've got, or knowing that I'm due for my

period, you know, knowing it might be a hard time and like being careful of what I expect of myself, or how I talk to myself.

(Dani)

Allowing this attunement to personal and natural cycles provides Dani with an external prompt to be mindful of her expectations of herself as well as an awareness of the nature of her self-talk.

For some, connecting with the cycles, both internal and external, acts as a way of acknowledging and honouring their own shifting capabilities, and to accommodate themselves at times when compassion might be needed more, and yet harder to come by easily. Seeing the shifts in the environment acted as a reminder that there are fluctuations in all living and natural cycles, and that outputs are generally not consistent. Witnessing nature's flow provided some participants with permission to also shift and flow; to notice the lulls and variations in capacity in themselves, and to gently respond.

**Theme four: Embodied Self-Compassion**

Embodied ways of engaging in self-compassion were shown in action when participants were invited mid-way through the interview to give some SC to themselves. Some participants expressed SC through physical action, others talked about what they would do for themselves if they weren't currently in the interview. Claire narrates as she gives herself a hug: "I just... [hugs self]. .. You better wake me up when you want me to stop... Actually perfect, because the light is coming through the window. The warmth is a part of it too..." (Claire).

As Claire gives herself a hug, I do not rush to ask her to stop. By allowing her to pause and stay with the hug a little longer, she connects with her sensations. She notices the warmth of the sun coming in through the window, and this moment is held until she feels ready to let it go.

Ellie talks about SC feeling like a hug, but it is not actually a hug, but rather the various qualities of a hug that she relates to SC. “Yeah, I guess from a, like a visceral felt sense, it's kind of, it's like a hug from yourself, kind of like it's a warmth, then it's a, not necessarily a squeeze, maybe, but a holding” (Ellie).

When Ellie goes on to give herself a self-compassionate action, she shows the physical contact of the hand on her body and talks through her process:

> I immediately go to hand on chest, hand on diaphragm. I think [insert: that] is where my hand is, bottom of my ribs, yeah, and dropping the shoulders. If I wasn't in a chair, it would probably be lying down as well, because, yeah, just with chronic illness and chronic pain stuff, sitting up’s not always the coziest posture for me… So yeah, it's, yeah, it's a bit of holding, bit of kind of like softening, yeah, maybe a wiggle.
>
> (Ellie)

She mentions the way her hands make physical contact with her chest and diaphragm, and then goes through the motions of dropping her shoulders. She then goes on to highlight the step beyond this for her would be lying down.

These terms used by Ellie and Claire, “warmth”, “softening”, “dropping”, “wiggle” and “holding”, all evoke gentleness when the participants discuss them.

Alongside bodies being part of the actions of SC, participants also discussed complex relationships with their bodies and the impact this has on their own SC journey. Claire highlights below the place that building a relationship with her body has had as part of her SC journey.

> So, part of the process of self-compassion … was actually bringing myself back into my body . . . And that's part of my self-compassion actually; is using my body and thinking, wow, actually, this is what it's for. This thing is amazing. Yeah, reconnecting with my body, that's been a big part of my self-compassion practice.
>
> (Claire)

Ellie follows up this idea of reconnecting with her body and talks about it as a process of 'relearning', and 'tuning back in' to the bodily cues.

> …I had to switch those things back on, and I'm still learning to listen to it, right? ... So, in that comes, … interoception and knowing how we feel, and knowing what our body needs. If that's been squashed the whole life, it's a whole relearning process to turn that back on and even having self-compassion … it really sucks, and it's really hard, and then doing the work to start turning those things back on and tuning back in. And even then, some people have interoception differences and will need external reminders to eat or go to the toilet, because they just won't notice. And so, then being self-compassionate for that as well.
>
> (Ellie)

Ellie mentioned above the need to listen and to tune in to the body. Faye also discusses this below. Mentioning that traditional mindfulness practices weren't for her, she goes through the process of checking in with herself below.

> I can't do the traditional mindfulness … my mindfulness is more like, 'Okay, I feel quite full at the moment'. And noticing and checking in with my body … where's the pain? Where's the fullness? … Where's the emotions all sitting? Whose emotions am I carrying? Are they mine? Are they others? Where are they? … that's the compassionate practice, the mindful practice of the checking in more with my body and emotional state of what's mine and what's not. At what level is it? What fullness is it? What …heaviness is it? And you know, when it's … heavier, I have to … go for a run that is not really run. It's more of a power walk or a stomp or a run, if I am, if I'm really needing to. And I literally go through every tiny little crevice of my body and feel like I'm scooping other people's stuff out and releasing it.
>
> (Faye)

Faye mentions a sensation of heaviness and the requirement to act in ways that counteract the heaviness. This process of engaging with herself in an SC way is described as: checking in, noticing the sensations that are present, checking in with herself about who it belongs to, and a very conscious checking of what level it is at. This leads to a question of what actions she will need to take to rest herself. She mentions that her compassionate response is proportional to what she notices.

Faye mentioned checking what heaviness she was noticing; this language around weight was also present when Grace described being more self-compassionate: "I feel a lot less dense all around".

Faye also mentions in the quote above, "…I literally go through every tiny little crevice of my body and feel like I'm scooping other people's stuff out and releasing it". This comment

generates a very strong image of attending to an active and in-depth process to self-assess in the service of understanding what is present and working through each part to find ways to release what is being held.

Sensation words were often used by participants to describe self-compassion. Ellie explicitly names this: “So, I don't really connect to emotion words very much. I'm more into the sensations. Yeah. So, yeah. So, yeah, it's that kind of a softening, maybe a loosening, sometimes a warmth” (Ellie).

Drawing from the words of the participants, my experiences and responses, I have created the following sensory poem, which is included in the appendices (see Appendix K)

## Discussion (Cycle 4 and 5)

The purpose of this study was to explore the experiences of self-compassion in women with ADHD. I wanted to really honour the contributions that each participant had made, and the way that their perspectives, thoughts and feelings helped to shape in me a new way of seeing self-compassion. As I was moving through the interviews with participants and reflecting on their words, the guiding metaphor of the river emerged. This river held and contained the transformative process for me, and from this river process, each cycle was reimagined as a stage of the river. The next stage of the hermeneutic cycle, the fourth cycle, I visualise mangrove swamps in an estuary.

Mangroves signal the meeting of the freshwater and the ocean waters. They filter the transported soils from the river and act as a support to hold the land, preventing coastal erosion.

This river section feels like it connects to cycle 4 of the hermeneutic process and aligns with my own process of filtering through the research. The preliminary interpretive lenses that were identified in cycle 2 are revisited through the new understandings gained from cycle 3 and

are transformed. This transformation of the lenses reflects the researcher's transformation of understanding that has occurred through the research process. The new lenses are the final integrative lenses and the outcome of the research. Cycle 5 follows cycle 4, integrating the findings and literature in much the same way as a traditional research discussion would.

**Cycle 4: Revisiting the Initial interpretive lenses**

The fourth cycle of the intuitive inquiry process invites the researcher to incorporate the experiences of the participants into a new understanding of the topic (Anderson, 2019; Anderson & Braud, 2011; Stewart, 2023). This stage of the discussion draws on both the participant data and my own embodied and reflexive engagement with the research process. Consistent with Intuitive Inquiry, my interpretations are shaped through this interaction rather than positioned as separate from it. This section also invites the researcher to consider their own transformation, which has occurred parallel to and within the research process.

Alongside the interviews that I have engaged with from the participants, I am also acknowledging the SC and compassion trainings I have attended. I have engaged with this research in many different embodied ways.

Engaging in this research required me to confront my own relationship with self-compassion, particularly in response to the academic challenges encountered throughout the process. Sitting down to complete the analysis, I also know that there are several actions I need to take to support my flow and maintain myself in the writing of this section.

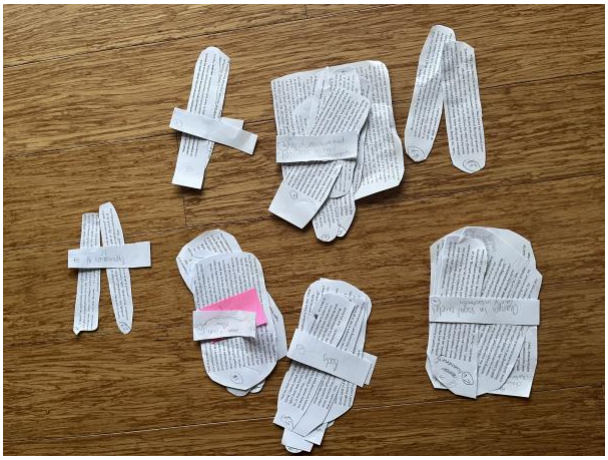
The following insights about how to support my flow have been garnered through this process. I put my shoes on, the section of my research printed out, a soft leaded pencil, highlighters and my scissors ready. I engaged in a very embodied process of editing, cutting, highlighting, rearranging and numbering. I moved with each theme, from the bed to the desk, to

the dining room table. I sat, stood, reclined on a bean bag and shifted through the rooms of my house with a sense of ‘Goingness’ that echoed instinctive, yet unconscious personal themes from early in the process. I sensed a conscious revisiting of what Goingness meant for me. When I had reached a point where I needed to pause, I noticed the rising concern: ‘What if I don’t have the motivation to come back to it? What if I stop? I felt myself gently respond, 'It’s ok to rest when you need to rest; you care about this, and you will come back to it’. I also realised that resting early, before I was exhausted, allowed me a chance to recuperate rather than collapse. I went out and grabbed some shopping that I needed to get. Coming home, I changed clothes, which facilitated a shifting of states towards comfort, in preparation to begin again. This process reflects the embodied and relational nature of my engagement with the research at this stage. My engagement with the material unfolded through movement, environment and shifting states of attention.

I paused in the evening again, noticing the shifting light as the sun prepared to disappear for the day, and noticed a settling inside myself as the beauty of the light through the clouds pulled me to stillness. I sat and enjoyed a salad I had mindfully made. I relaxed for a few hours, sent a few emails as the impulse arose, and found my evening burst of inspiration arrived around 11pm. I spent some time sketching the final stages of the river’s course to add to my methodology. I found myself deeply engaged with the movement of the digital pen. My mind wandered through the stages of the research, and I allowed the associations to connect through my brain. It had been a day of flow, shifting to respond through action, to my own personal needs as they arose. Not staying in uncomfortable spaces or clothes and shifting and moving as I needed. Readiness for sleep came as I finished the drawings, and I was grateful for the process time they afforded me. I felt my cat come close and curl into my back as I drifted off.

**Figure 11.**

*Editing in action*



***Final Integrative Lenses***

The final interpretive lenses were identified from my interaction with the data in perhaps a less linear way than might be expected of traditional research processes. These lenses emerged through an iterative and reflexive process, shaped by both the thematic analysis and my own responses to the data. The connection of the lenses to the themes in the data is not linear. While the lenses are informed by the thematic analysis, the lenses are not the same as the themes. This is in part because themes are required to be distinct from each other, whereas the final interpretive lenses are more interconnected and relational in nature. These final lenses have emerged through the intuitive inquiry process, reflections on the '*goingness'* symbol, as well as through the river metaphor.

Anderson (2011) writes of five types of intuition for research. Of these five intuitive approaches, three have stood out as particularly present for me. The first is "unconscious, symbolic and imaginal". This is evidenced by the strong connection to images and symbols throughout the research. There were also several guiding memories and associations which shifted me through different parts of the content. The second, "sensory modes", is likely

influenced by my training as a Dance/Movement Therapist. I leaned into movement responses to percolate ideas, process and respond to what I was reading. The third was “through our wounds”. I felt a particularly strong affinity for this, as I identified with many of the experiences of the participants. This led me towards poetry as a process to navigate this entanglement.

There is an emerging curiosity and surprise as the final interpretive lenses emerge. I relate this to what Anderson (2011) refers to as auspicious bewilderment. She noted that it is in the spaces of bewilderment (or in my own experience, confusion) that I found myself heading into new territory. I have felt this confusion many times through this process. It has led me to follow new paths of inquiry, some useful, others not so much. I realise that it would be easy to keep going, to dive into rabbit holes and explore more possibilities as they emerge at new points through the research. Unfortunately, and fortunately, there is no time left for that.

At times, I have questioned the validity of my intuition. This really came to light as I struggled with ensuring validity in my thematic analysis coding, which I re-coded three times. This uncertainty settled when I came across literature that linked metaphor to a person’s ability to see patterns of ‘behaviour’ across two seemingly unrelated concepts. On validity, Polkinghorne notes (1988, p. 96, cited in Anderson and Braud, 2011, p.224) “the test of validity of [an] exercise… will lie in its ability to discern pattern, to offer coherent understanding of human experience at its most profound”. As an insider to the topic, I experienced moments of resonance, discomfort and recognition, which informed the interpretive process. I have settled on the following four final interpretive lenses:

**(a) Self-compassion and embodied transformation.**

The body appeared to act as the site of transformation through SC for participants. This was facilitated through a process of embodied self-relating. The body was a site of learning and relearning to listen to cues; a place of tension and release; a signifier of potential for action and action orientation itself. Early experiences of gendered expectations and social conditioning were transcended through compassionate embodied relational engagement with self.

(b) **Natural rhythms are cues to support self-compassionate flow.**

Connecting to natural rhythms (internal cycles and external nature cycles) supported participants in accepting temporal changes in their personal needs. By seeing themselves as deeply interconnected with nature, they were able to identify the ebb and flow of natural cycles as symbolic of their own shifting flows. There is a sense of resonance. A recognition of internal and environmental rhythms acting as a bridge to self-compassion.

(c) **Moving towards accommodating environments.**

Self-compassion supported participants to move away from rigid systems and institutions and toward lives that were more values-aligned. Rigid systems require participants to expend high levels of attention when engaging with them. Misaligned values, uncomfortable sensory experiences in workplaces and critical attitudes increased pressure on participants and contributed to feelings of difference, burnout and shame. Conversely, supportive places, spaces and people allowed participants to meet their own needs without self-judgment, share their needs with others, and, in some cases, unmask and be more themselves.

(d) **Diagnosis as an accelerator of self-compassion.** A diagnosis often led to increased connection with other people with ADHD. Connecting with neurodiversity communities led to an increase in validation and a sense of belonging for many. Validation was experienced

when participants connected with others who understood the lived experiences and challenges faced by having ADHD. A surprising finding (to me) was how belonging to the ADHD community facilitated participants' experiences of common humanity in a way that didn't transfer when universalising suffering to the whole of humanity. The universality of human suffering was not seen as helpful by some; instead, it was considered somewhat overwhelming. This shifted when participants expressed connection and belonging to other ADHDers. The shared experiences of neurodiversity reduced feelings of isolation and loneliness, allowing the benefits of common humanity in SC to become more accessible.

**Cycle 5: Integration of findings and literature review**

Cycle 5 for me has been reimagined as the river delta. Tejedor et al. (2017) discuss river deltas as complex channels that "self-organise to increase the diversity of transport pathways across delta channels to the shoreline." A delta channel network achieves stability through 'maximising the diversification of pathways for the transportation of materials to the shore' (Xie et al., 2024)

The particles that have travelled along the flowing river get deposited and accumulate to create the new ground. The delta is a slow-growing fertile land, having transported the silt and soil from previous stages in the river to deposit and reform in new ground. This felt very pertinent to me, at this stage of the process, as the new insights that had been accumulating in my mind through the research process are forced to slow down and 'land' within me, and on the paper in front of me. This land is shifting, being shaped and created through unhurried transdistibutaries, small channels of water, moving toward the sea.

Consequently, there is an equilibrium that is achieved in the dynamic relationship between the river and the deposition of nutrients, and the building of the delta and the ocean.

This equilibrium is essential for the stability of the delta system and is a dynamic flow. Considering this stage of the thesis as a delta, also considers that this is a generative completion. One that is not finite or concrete in its ending, but rather a place of transition.

From a practical perspective, this was a difficult stage, as awareness of all of the parts of the research needing to come together required a revisiting of the previous parts. This feels particularly challenging in light of the ways I navigate this executive function-heavy task, requiring more printing, highlighting, cutting and pencil writing.

This was also a stage of deciding what to keep and what I could let go of. Ludwig (2011) suggests that Cycles 4 and 5 are a time for the researcher to work out what belongs in the research and what of the personal process should be held back.

In this section, I will revisit the literature from Cycle 2. This offers an opportunity to gauge how it stands in light of my findings (Anderson 2011). Ludgwig (2011) notes that this is the point at which the findings articulated in the integrative lenses from cycle 4 and the literature review from cycle 2 are interwoven with new literature, to share what has been learned. This is where I share what I have learned about the self-compassionate experiences of women diagnosed with ADHD later in life.

***Self-compassion and embodied transformation.***

> Closure and openness again are one ongoing process: we do not have bodies, we are bodies, and we are ourselves while being in the world. … We write – think and feel – [with] our entire bodies rather than only [with] our minds or hearts. It is a perversion to consider thought the product of one specialized organ, the brain, and feeling, that of the heart.

(Minh-ha, 1989, p.6, cited in Braud & Anderson, 2011, p. 203).

This quote highlights the false duality of body and mind. The quote begins this section as a reminder of the integrated and embodied processes through which we navigate our world. It is a particularly pertinent term in the context of having neurodiversity and being ADHD. Neurodiversity is more than the diversity of brains (Walker, 2021). Diversity of brains advances the notion of the brain and body as separate. The brain is a body part, interconnected with vast neural networks. Mind, however, is embodied. Neurodiversity is, in reality, a diversity of mind as an integrated system: the "bodymind" (Walker, 2021).

Throughout the research, participants described shifting relationships emerging with themselves and their bodies. They spoke of revisiting the relationships to their bodies; for some, this was acceptance; others described it as tolerance; all spoke of tuning in and listening. The act of becoming embodied, moving participants closer towards SC.

The body appeared to act as a site of transformation; a landscape in which self-compassion could emerge. It was a site of relearning to listen to cues; a place of tension and release; a site of resistance; a place of potential for action and action orientation itself. This was spoken of as a process, one that took time and understanding. Each person is navigating different ways of recognising and being present to their embodiment. It was deeply connected to what people needed and their experiences of comfort.

Reinhabiting the body, and moving towards embodiment, is to inhabit the body in ways that are not related to appearances (Piran, 2017). Some participants engaged in this re-embodiment as an act of resistance to normative expectations. To begin to respond in movement and action, in ways that attuned and present to shifting comfort needs, the participants were required to uncouple from internalised negative beliefs, which were incongruent with their needs.

A core dimension of Piran's (2017) developmental theory of embodiment is about moving towards body connection and comfort. An example of this was presented by Alice when she reconnected with the rolling of her fingers. She accepted that this was an embodied action that supported her. Through a process that included diagnosis and the rejection of social expectation, a self-compassionate act was to roll her fingers. Alice released the shame that had become attached to the movement. By reengaging with her body, she steps out of the disembodiment that is required for her to perform normativity. And in the rejection of disembodiment, she re-engages with the comfort of her body prompts, attending to embodied expressions that are congruent with her way of being in the world.

There is a likelihood that interactions between gender expectations and neuro-normative expectations interplay, resulting in disembodiment for participants. Clare mentioned the awareness of these gendered expectations around how loud or quiet women are supposed to be. Negative responses from others impacted her, becoming internalised scripts she criticised herself with.

Interoception was mentioned as an important consideration for some regarding their ability to notice body cues. Taking time to check in with what was needed, was an active strategy to attend to signals that might not be strong enough to break into attentional awareness. Interoceptive awareness has been highlighted as an area of interest in ADHD studies (Wiersema & Godefroid, 2018). Research by Wiersema & Godefroid (2018) found similar interoceptive awareness levels in ADHD participants and the control non-ADHD participants. However, the research they did was in a controlled, not a realistic environment. Their conclusion was that when invited to, ADHD participants appear to be able to monitor their state accurately; there is some suggestion that they aren't able to utilise the cues from this monitoring. For them, this

raised questions about whether the self-regulatory difficulties arose from 'difficulty allocating the required effort or are related to a general altered motivational style'. I would suggest that there could be other factors for investigation. The first question is what cues are prioritised by the ADHD mind, internal or external ones? The second is whether or not the ADHD person can access in-the-moment knowledge about what actions are required for them to self-regulate after noting they need to. There may even be a misjudgement about how much time they have before the interoceptive cues that are present shift from being present to urgent, due to high thresholds for interoceptive awareness. Perhaps even an interaction between these things, as the shift from 'not now' to 'urgent' can shunt the knowledge of what actions are available to the front of mind. Perhaps at this point, though, the window of being able to act in less urgent ways to accommodate the interoceptive cues has passed, and consequently, much bigger actions are needed.

Participants in this research highlighted how important noticing their cues was. That it did require effortful attention to check in and notice what was happening, and subsequently work out which actions would meet their needs. Bailey referred to diagnosis as an important part of coming to understand the importance of action in SC.

Reconnection is discussed in terms of noting, paying attention and relearning. It suggests that the self-relating described by Neff et al. (2017) is an embodied practice. This strikes me as pertinent, as I attempt to differentiate between the idea of body and mind as being 'parts' of a whole, compared with an embodied self-to-self relating, which might be more accurately described as an integrated experiencing self. Relationship to an embodied self was talked about as 'essential' to self-compassion by participants.

When participants talked about noticing tension in their bodies and directing self-compassionate action towards themselves, I imagine this as a process of self-compassionate 'embodied reframing'. A way of responding compassionately to self, through action in an embodied way. An example of this is when Ellie described self-compassion as a 'softening'.

***Natural rhythms are cues to support self-compassionate flow***

Connecting to natural rhythms (internal cycles and external nature cycles) supported participants in accepting temporal changes in their personal needs. By seeing themselves as deeply interconnected with nature, they were able to identify the ebb and flow of natural cycles as symbolic of their own shifting flows. There is a sense of resonance. A recognition of internal and environmental rhythms acting as a bridge to self-compassion.

Menstruation and hormonal changes across the lifespan have been a big topic with women in the ADHD community (Kooji et al., 2010). Changes that occur throughout the month can have a substantial impact on ADHD symptoms and the functioning of medication. This is not only important on a monthly cycle, but the interaction of oestrogen and its impacts on ADHD symptoms, sees substantial changes in symptoms during pregnancy, menage and peri/menopausal stages.

Aligning with the cycles present in nature, facilitated participants to attune to the larger rhythms present in the environment. This external attunement to nature's cycles allowed participants to be supported by the ebb and flow of the rhythms in the ecosystem, which also prompted a tender attention to their own ebb and flow. These natural cycles provide external modelling of fluctuating flows that participants could witness and learn from. This attunement to nature as a facilitator of the women's self-compassion came as a surprise, and at the same time, I

felt a deep resonance with it, as if it was an unconscious knowing that was waiting to be lifted up into conscious knowing.

Cahralambous & Djebbara (2023) highlight the importance of rhythms for attunement. Rhythms exist in the brain and the environment, and the impact of rhythms from the environment can affect perception. They highlight that natural attunement, "the coordination of a person's sensory and motor systems with the rhythmic elements of the environment" (Cahralambous & Djebbara, 2023). Seeing attunement as an ability to 'self-tune' to any environmental variable highlights the role of the body and sensory processing systems as a bridge to the environment.

Aotearoa, New Zealand, is uniquely positioned within the context of a founding bi-cultural nationhood, in a contemporary multicultural context. I acknowledge that as a tangata tiriti, a pakeha partner of the treaty that was signed in this country, I am deeply embedded within the dominant European culture that I was raised in and that I have a particular worldview that is shaped by this privilege.

What deeply resonates with me from the interviews of the participants is the way Te Ao Māori worldviews have influenced perspectives and ways of navigating the world, even for non-Māori in this study. The interconnected way of relating to nature and natural cycles calls to people who wish to be present to a dynamic relationship with the earth and highlights a sense of interconnectedness forming from person to environment that the English language may not be able to describe.

Connection to maramataka is framed as a compassionate way to support themselves as women with ADHD. It highlights an acceptance of maramataka as an indigenous knowledge system. Warbrick et al. (2023) define maramataka as "a Māori system of observing the relationships between signs, rhythms and cycles in the environment". The system is underpinned

by the lunar calendar and guides activities such as planning, harvesting and fishing. They highlight that maramataka has made a revival in communities in Aotearoa, New Zealand. It supports people to reconnect with each other, their health and the natural environment. Maramataka is a uniquely Māori way of connecting to health and the environment. Optimal conditions can be identified, and people can align daily activities with the arising conditions. Warbrick et al. (2023) suggest that maramataka is an indigenous knowledge system that can support "indigenous and non-indigenous peoples" (Warbrick et al., 2023).

There is caution by Warbrick et al. (2023) that the maramataka shouldn't be used as a health model that gets shifted into a prescriptive health model, and instead should support a real connection with environmental rhythms. They also suggest that wellbeing is unachievable unless there is a shift towards reconnecting with 'natural cycles and rhythms of our environment'.

Wynchank et al. (2016) found a significant relationship between people with ADHD and Seasonal Affective Disorder (SAD) as well as the impacts of circadian sleep disturbances in this association. The impacts of sleep duration did not mediate the impact of sleep onset time. Their study pointed to a circadian and seasonal rhythm disturbance in ADHD.

According to Bijlenga et al. (2019), 73-78% of children and adults with adhd have delayed sleep phase disorder or circadian rhythm sleep wake disorder, and they suggest a number of clinical interventions on how to reset and treat the sleep phase disorder. This raises questions in response to participants finding support in the rhythms of nature. How are people with ADHD attuned to the external natural environment? How do they connect with natural circadian and seasonal rhythms? For some participants, leaning into maramataka supports them to be more attentive and compassionate to themselves. Being present to the changing cycles in nature around

them requires an attentiveness and presence, and these cyclic shifts remind participants of their own fluctuating energy and flow levels.

It was discussed in the literature review that ADHD symptoms in women change with monthly and lifespan oestrogen changes (Kooji et al., 2010). This highlights a dynamic interplay between personal cycles as well as the larger external seasonal rhythms that all are influenced by. Rhythms are an important aspect of attunement. Rhythms are always present in the embodied mind and the environment (Caharlambous & Djebbara, 2023).

***Moving towards accommodating environments***

Conditions for self-compassion emerged as a theme, and really occupied quite a surprising place in the participants' sharing. It was said by more than one participant that being self-compassionate could come with its own set of challenges. This may be due to the place that self-compassion holds in Western society and perceptions of it not being a virtue (Neff, 2023). In a society where self-compassion is considered synonymous with weakness, self-indulgence, and reduced motivation, it is not surprising that conditions for SC in a western country like Aotearoa New Zealand will not be favourable.

Self-compassion supported participants to move away from rigid systems and institutions, towards lives that are more values-aligned, and flexible to their own shifting needs. Rigid systems require participants to expend high levels of attentional effort whilst engaging in them when engage in them. Misaligned values, uncomfortable sensory experiences in workplaces and critical exclusive attitudes increased pressure on participants, magnifying feelings of difference and shame. Conversely, supportive places, spaces and people allowed participants to meet their own needs without self-judgment, share their needs with others, and, in some cases, unmask and be more themselves.

When Claire shared her experience of people in her social sphere suggesting that, post-diagnosis, she should "work harder to make up for those things you don't do well," it exemplified external social pressure, pushing participants to use coping strategies to pass as normal.

Discussions about rigid systems and environments raised questions about what Neurodivergent friendly workplaces looked and felt like. This seemed to be an area with little academic literature. In relation to the theme of conditions, rigid systems put the bulk of responsibility onto disabled individuals to make changes for themselves. The system is invisible to its own power and privilege of being able-bodied and able-minded. Consequently, it upholds systemic barriers in workspaces. This is reminiscent of the 'burden of coping' that is mentioned by Murray (2021).

If someone is already struggling at work (hence wanting accommodations), they may give up asking or feel a sense of hopelessness regarding getting support, particularly if their life experience has led them to believe that it is on them to work out what needs to change, and then for them to change it. Murray (2021) found that the exploration of internalised ableism was extremely important to their study, noting that the 'internal burden' of coping was shifted onto people with ADHD through this process. The process of internalised ableism required a constant striving for normativity, or as Campbell (2008) puts it, 'passing'. This idea of 'passing' requires effortful activity by the person with ADHD to be less like themselves, and more like the socially pressured norm.

Wanting to be able to provide SC for herself, Dani experienced inner conflict. She wanted to meet her own needs and accommodate herself, whilst she was still present to navigating the internalised 'stigma or shame or guilt'. The friction between these competing personal needs and values, and perhaps the internalised value systems of society, can be difficult

to navigate. As Ellie mentions, being self-judgmental can lead to feelings of being stuck, and self-compassion can create little cracks in the stuckness that people can push into.

Self-compassion is deeply relational, relational to self as friend, to environment and supported by understanding others and belonging to the ADHD community. In this relational connection to self, a gentle reparation and restoration occurs, in which one's own needs are not inconveniences. They no longer get seen as 'nice to haves' but gain clarity and nuance, becoming highlighted as essential to a self-compassionate life.

### *Diagnosis as an accelerator of self-compassion*

Diagnosis can be an accelerator of SC, facilitated by validation from other people with ADHD, who share an understanding of the lived experiences faced by this community. In this research, diagnosis helped people move towards more compassionate ways of being. It offered them a new lens to gaze back through the stories of their lives with a fresh perspective. It surprised me that belonging to the ADHD and or Neurodiversity community facilitated participants connecting with a shared common community. Whilst the universality of human suffering was not seen as helpful, participants combated isolation through a sense of belonging to the ADHD community.

Community humanity is more accessible when connecting with the ADHD community. Feeling a sense of belonging is important for development and well-being (Pardede & Kovac, 2023). Experiences of exclusion are common for people with ADHD (McKegg, 2021). They experience more corrections throughout childhood. Experiencing a sense of belonging supports self-identity and self-categorisation within group membership. Feeling like you belong, as an integral part of a system or environment, supports feelings of attachment towards a social group (Parede & Kovac, 2023). There is some suggestion from the participants that this sense of

belonging, or not fitting, is exacerbated by having ADHD, particularly when undiagnosed and the messages that they receive, as well as their own appraisal of not being the same or not behaving as expected. The role of diagnosis as a facilitator of ingroup belongingness to the ADHD community has accelerated experiences of SC for some participants.

Kotera et al. (2024) posit that common humanity is a mechanism of action that supports emotional self-regulation. When people can identify a connectedness to others with similar experiences, this supports self-regulation. This is talked about when participants highlight the importance of shared lived experience voices. It is this understanding of self and other relationships, with people who had shared similar experiences, that participants were able to find a sense of belonging. This highlights the benefit of self-compassion to support increases in SC.

### *Intuitive Inquiry Reflections*

#### Goingness – my personal flow and slow turns

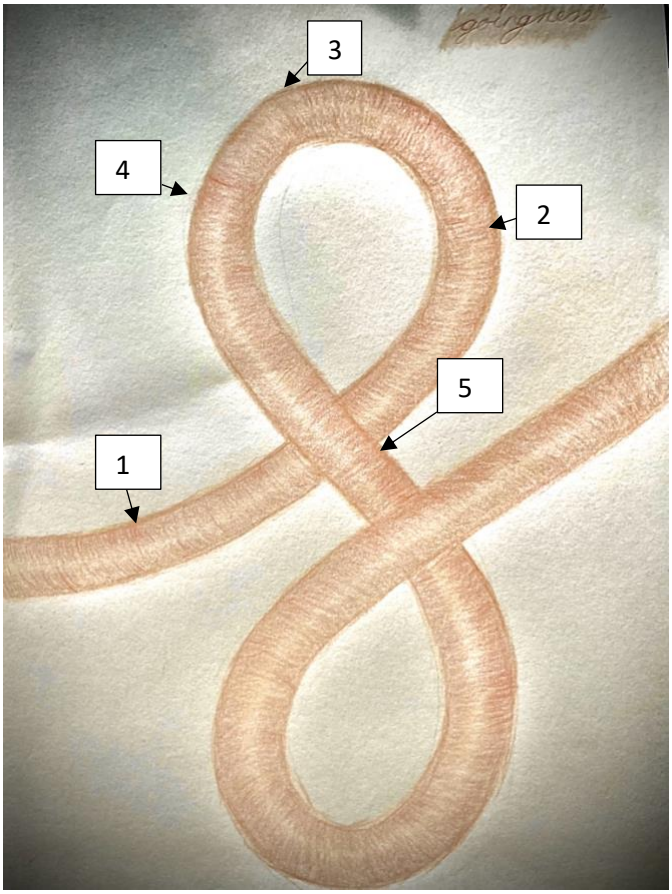
Through the symbol of 'goingness', I came to understand my flow through the research. Expanding and contracting through the literature was a crucial part of how I made sense of what I was experiencing. This understanding aligns with Hackney's (2003) concept of "goingness" as an ongoing process of movement, where flow is not something that is entered into, but an ever-present baseline that shifts in intensity and expression.

Goingness is a continuous flow, within which rhythms emerge; rising and falling, slowing and accelerating. From its starting point, it expands out to the edge of its range, slowing down and moving back towards the centre. After each cycle of expanding into new learning, there was a slowing down, and returning… a little further ahead than before. Each cross of the previously made mark, a return, yet never to the same point… There is no true return. I am changed.

The iterative movement between expansion and return is mirrored by the analytic process of this inquiry, where meaning is not derived from a linear progression, but through repeated cycles of immersion, reflection and re-engagement with the data.

**Figure 10.**

*Goingness as a visual representation of my flow*




1. Starting point, where I am when I begin, accelerating into the expansion through immersion with the research process
2. Slowing into the turn,
3. Beginning to return, almost stillness, moving back towards the start
4. Accelerating forward out of the turn, with new perspectives

5. Cross point, further ahead than I was at the beginning, changed to begin a new loop

This pattern of movement mirrors the way participants described SC as emerging within shifting states of experience, rather than as a fixed or stable construct. From this perspective, the analytic process itself reflected the phenomena being explored.

**Sticking with the river metaphor**

When introduced to intuitive inquiry as a method, I could see the benefits this approach would have for me as an insider to the population. It provided me the chance to incorporate my own experiences, as well as the flexibility to utilise non-standard creative approaches in the process. It offered me a way to honour the multiple spaces I operate in, as a researcher, as a participant, as a dance movement therapist and as a late-diagnosed woman with ADHD.

In practical terms, this meant that if words were not available to me on any given day, I would move. If I needed to be out of the house, I would walk along a riverbank. If I felt myself responding to the deeply personal and familiar words of my participants, I could process with art making or poetry. It allowed me to create my own toolbox of research resources that I could pull from depending on my flow. Being able to draw on my own creative spectrum of tools and resources meant that momentum was less often stalled.

This ability to shift, slow down and reenter in different ways meant that I could continue to engage with the research, even if I couldn't write. As a beginner to the research field, I felt the resistance and uncertainty paralysing at times. Intuitive inquiry offered me an opportunity to bring all of myself into the research journey, within a structure that allowed for tangents, side-quests and recycling through areas. This approach honoured not only the words and experiences of my participants, but it also afforded me the opportunity to meet my own need for novelty and creativity. I felt like all parts of me were welcome. It made this research deeply personal.

The meander moves through the land, carving out a path of least resistance. Meanders are dynamic, slowing down into the outer edge of the turning river, and at the same time creating an acceleration back out of the turn. Understanding the dynamics of the meandering offered me a new perspective. I was able to consider the value of the indirect path in the interview responses. Inviting a meandering response to interview questions felt important in honouring the participants 'way of being' in the interview space.

The river metaphor also stimulated reflection on the historical use of rivers in Western culture. Exploration of literature on the role of rivers through industrial periods up until this point highlighted the river as being seen by European cultures as a functional resource (Brierley et al., 2023). One that provided water, but beyond that, it was used as the source of water for increasingly intensive agriculture. Rivers were seen as things that could be manipulated and used. They were straightened, diverted, irrigated and dammed to ensure the maximum productivity could be achieved. These productivity-focused endeavours on the river impacted not only the river itself but also had vast impacts on the surrounding lands. Narrowing rivers and building on floodplains have contributed to flooding for humans and land erosion.

This concept of straightening led me back to the early experiences of my childhood. I saw parallels, again through the metaphor of a river. I came to imagine the socialisation and normalisation processes in society as ones that had narrowed my capacities. That, like the river, I had had my wiggles removed.

Society putting pressure on ADHD children to conform and reduce their movement, verbal processing and other symptoms, may be actively stripping capability from them. If we consider the ADHD child's ways of being as an embodied relatedness to their environment, then

the disembodiment that occurs through internalised shame and social expectations reduces their ability to meet their own needs.

When the riverbed has its floodplains taken away, it loses its capacity to flood in a functional way. I wonder about parallels. The river's wiggles serve a purpose not only to the river but also in its relationship to the surrounding environment. Perhaps this was the same for me, as the undiagnosed ADHD child.

I also saw parallels between the slow turns of a meandering river and the way slow turns supported my own transitions. Slowing down into the transition increased my capacity for presence.

Without the meander, the river loses the ability to use the full capacity of its underlying flood plain. I came to see transitional points in the interview (beginnings, endings and shifts between questions) as important places to lean into the slow turn. This dynamic shift of slowing into the turns felt like my river was using all of its room to move. Slow turns increased my capacity.

**Barriers**

A challenge in the thematic analysis, which caused me to struggle to move forward, was deciding what themes to talk about. All of the words from my participants felt important. I felt that it wasn't really my place to decide what should and shouldn't be included. I felt that I would be doing a disservice to my participants by not choosing well. This meant that I wrote up huge sections of thematic analysis that would later be discarded. I felt a deep sense of frustration at not being able to keep everything and struggled to prioritise the themes.

### Things I would do differently

Practically, there are a few things I would like to do differently. Firstly, I would give myself more time. There is rarely a study experience that I have looked back on and found myself excited to sit down and engage with it. This was the exception. Secondly, I would practice the interview questions out loud before using them. Some sounded clunky when I read them out. In future, I would like to ensure they have my voice in them, sound more authentic and are not in my more formal writing style voice.

Another very practical skill that I think would help me track better would be utilising more automation. For example, automated reminders and calendar invites for both myself and participants.

### Procedures and plans that didn't work out

At several points, I tried to contain myself and cut things out earlier, but there was a real internal resistance to this. I reflect on this as part of my own tendency towards seeking patterns and relationships, which requires larger data sets and increased context.

At one point, I really second-guessed the themes. I revisited this 3 times in several different ways. The second coding process I used was time-consuming, and while it did help me engage more fully with the interviews, I feel like this could have been missed.

I had initially wanted to include mobility's turn in my methodology, but this was let go of when all of my interviews ended up being on Zoom. I considered reflecting on mobilities in my own movement, as I worked on the analysis, but decided that it was a layer that would dilute the current focus of the research.

**Future Directions and Limitations**

Future directions to be explored could be along the vein of any of the 4 final interpretive lenses. One such direction could be to explore what it is to be neurodiversity friendly in a workplace. In the same lens, research exploring how rigid systems and value clashes in the workplace contribute to resignations of ADHD employees. Points raised in the interview suggest complex and interacting factors lead to a workplace being untenable for people with ADHD. A resignation is often put down to boredom or impulsivity, and yet I am curious if this is part of the pathologising approach. Do clashing values, uncomfortable sensory environments and ableist approaches make staying in some workplaces impossible? I am curious if these might be unconscious motivations to leave that stem from normative expectations in workplaces. Another area I would be interested in exploring further is the interaction between self-compassion and common community instead of common humanity. The final area that would be interesting to further explore is the role of natural rhythms and cycles as supports for compassionate engagement with self, and how they contribute to supporting flow.

Many of the challenges faced by people with ADHD have been targets of intervention in self-compassion studies, though studies with the ADHD population itself are sparse. The impact of self-compassion in these areas suggests it would be of value to the ADHD community to further explore how people with ADHD experience compassion and if an ADHD approach would benefit this population. Understanding the experiences of self-compassion in these populations is a step towards further work in this area.

**Final word**

At the beginning of cycle three, I shared a poem that was integrating. It supported me through my own associations and memories, which were stirred up in response to the participant's experiences. I sent that poem out and asked if any of the participants wanted to add to or respond to it. Alice came back to me with an addition to the poem, which feels like it will be an appropriate way to end:

But now that I know I'm ADHD
I've learnt there is nothing wrong with me
It's the neurotypical world that is a stranger
And me trying to fit in is the danger

It's not that I am all wrong
The fact that my body is filled with song
I am sensitive, creative and kind
To the wonder of me I have been blind

Now is the time to be all that I can
The wonderful beautiful person I am.

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## Appendices

### Appendix A – Reflections after Authentic Movement with Clare

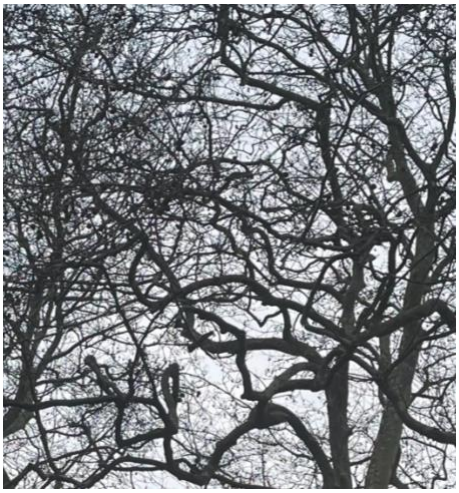
After moving with Clare as witness, the thoughts that emerged were around choice and self-compassion

Clare suggested an explicit choices chart.

A visual of what I can do for myself when I feel certain ways- something that shows possible future outcomes of self-compassionate choices. Branches of a tree.

Later that week when riding in the bus, I noticed the tree branches reminded me of lightening, river delta, roots, placenta, branches, lungs

A pattern of Optimisation



**Appendix B - A processing poem**

**Space to move**

I am not a straight river

I wind and move through the landscape, shifting in response to my environment

I take the fertile sediments of knowledge and redistribute them along the banks as I shift and wind my way over the land

I am not a straight river

I am not disconnected from my environment

I am fed from the deep earth springs and ancient glaciers

The valleys guide drops of rain, racing down sloping banks, into my welcome embrace

My path shifts across the land, and we shape and respond to each other in a dynamic dance

Sometimes I slowly meander,

Sometimes I'm rushing forwards,

hitting the top of the waterfall and cascading over the edge,

revelling in that moment of weightlessness

only to drop

into the waiting pool below

Completely submerged in the details of my latest interest

My collision and connection with the new and unknown, sending sprays around me

Misting at my edges, in a refractive conversation with the sun,

we share a moment, casting the spectrum of light from our interaction

the sound of a babbling brook reminiscent of the excitement in my voice as I share my latest fact

I do not begin at the upstream, nor do I end at the sea

I am intricately connected to the world in which I exist

I form, and then I disperse

My edges grow and shrink, expanding and contracting as I respond to the changing cycles

The cooler and the warmer months bringing shifts in my capacity

But sometimes there is soooo much water...

Thankfully, I am not a straight, direct and linear river

Those curves and bends, that gentle shifting of my bank over the land, increases my capacity

If I tried to be a straight river, what would I do with the extra water?

I need my wiggles, my winding, my shifting edges

So that when the floods come, I have the space to move

**Appendix C – Recruitment Poster**

DO YOU HAVE ADHD?

DO YOU PRACTICE SELF COMPASSION?

# ADHD & SELF-COMPASSION Research

**This research aims to explore the self-compassion practices adults with ADHD engage in, and their experiences with self-compassion.**

**As a person who identifies as having ADHD and a self-compassion practice, your participation and experiences would be warmly welcomed if you choose to participate.**

If you are interested in finding out about how to participate contact:
Bex Williamson
[redacted]
self-compassion.adhd@outlook.co.nz

**"This project has been evaluated by peer review and judged to be low risk. Consequently, it has not been reviewed by one of the University's Human Ethics Committees. The researcher(s) named in this document are responsible for the ethical conduct of this research.**
**If you have any concerns about the conduct of this research that you want to raise with someone other than the researcher(s), please contact the Research Ethics Office, email humanethics@massey.ac.nz."**

**Appendix D – Interview Guide**

Introductions

*Welcome_____(insert name)___*

*I'm Rebekah, you can call me Rebekah or Bex.*

*Do you need any orientation around zoom?*

*Consent follow up:*

*I've sent out a consent form, but would also like to go over the details once I start the recording.*

*Would you like this audio recorded or audio and video?*

*Begin recording*

*Go over consent form*

*Agree to Audio recording?*

*Agree to video recording?*

*Recordings returned?*

*Archived recordings?*

*Are you happy to continue based on what was detailed in the PIS?*

*Just a reminder of your rights:*

*You may:*

- *decline to answer any particular question;*
- *withdraw from the study by 1st September, 2024;*
- *ask any questions about the study at any time during participation;*
- *provide information on the understanding that your name will not be used unless you give permission to the researcher;*
- *be given access to a summary of the project findings when it is concluded.*

- *ask for the recorder to be turned off at any time during the interview*

*Do you wish to continue?*

Setting up a beginning:

1. Where in the space would you like to begin? Sitting / standing / moving / other?
2. Would you like to have some background music on or would you like silence?
3. How would you like the lighting?
4. Do you have everything you need? Fidgets, drinks, anything else for comfort?

Once the right beginning space has been found:

5. How would you like to begin? There is space for a Karakia, Prayer, whanaungatanga, intention setting or ritual if that would be meaningful to you?

I have some questions that I would like to go through and ask you, though there is no requirement for the answers to be answered directly or succinctly. While that may be the case, there is also space for a meandering answer, that is indirect and leads in many possible directions. We do not have to be still, you can move (between spaces that are set up in this room if in person but no one was). You can also use the art materials and movement props in the space if that feels helpful to do so.

6. Why were you interested in participating in this study?
7. Why did you decide to participate after you learned about the study details?

8. What were your thoughts when you realised there would be options for how to answer questions and that if wouldn't all have to be done verbally?
9. Do you have a formal diagnosis of ADHD?
    - If Yes, what age did you get your diagnosis?
10. What words / images / curiosities or impulses come to mind when you consider the term self-compassion?
11. Can you give me some examples of what self-compassionate practice looks/ feels/ sounds like to you?
12. Do you notice a difference in your thoughts / emotions / body when you are being self-compassionate?
13. How would you move in this space if you were being self-compassionate right now?
14. At what age did self-compassion start to play a role in your life?
15. Are there times / places or contexts in which self-compassion is easier or harder?
16. How has your relationship to yourself been affected by having a self-compassionate practice?
17. How has a self-compassionate practice affected your relationships with others?
18. Are there any stories you would like to share that help exemplify the journey you have had with your self-compassion practice?

19. A researcher called Strauss believes there are 5 aspects to self and other oriented compassion:

- Recognising suffering (noticing)
- Understanding the universality of human suffering or understanding (common humanity experience)
- Feeling for or empathy with the person suffering
- Tolerating uncomfortable feelings
- Motivation to act

(These will be written out or added into chat)

(a) If any, which of these aspects do you think is most helpful for your self-compassion practice?

(b) If none, what do you think is most helpful for your self-compassion practice?

21. Is there anything else that you think is relevant to your experience of ADHD and self-compassion that you would like me to know?

22. Is there anything you would like other people to know?

23. Is there anything you would like to know about self-compassion?

24. How would you like to finish?

If opened with Karakia, close with a Karakia.

## Appendix E – Participant Information Sheet

MASSEY UNIVERSITY
TE KUNENGA KI PŪREHUROA
UNIVERSITY OF NEW ZEALAND

COLLEGE OF HUMANITIES AND SOCIAL SCIENCES
TE KURA PŪKENGA TANGATA

**INFORMATION SHEET FOR PARTICIPATION**

### *Exploring the experience of Self-compassion practices in adults with ADHD*

**Researcher introduction**

Kia ora,

My name is Rebekah (Bex) Williamson and I am conducting this research as part of a Master's of Science degree in Psychology at Massey University.

**Project description and invitation to participate**

Self-compassion has been identified as a helpful practice for many groups of people, including people with ADHD. Self-compassion has also been identified as challenging for people with ADHD. This research aims to explore the self-compassion practices adults with ADHD engage in and their experiences with self-compassion.

As a person who identifies as having ADHD and a self-compassion practice, your participation and experiences would be warmly welcomed if you chose to participate.

**Participant Identification and Recruitment**

Participants will be recruited through ADHD organisation's, Facebook ADHD groups and compassion groups. Selection criteria will be through self-identification with having ADHD, and a self-compassion practice and participants will need to be over 18 years old and based in New Zealand to participate. The study will have up to 10 participants. Interviews will be run separately.

School of Psychology – Te Kura Hinengaro Tangata
Private Bag 11222, Palmerston North 4442, New Zealand
T +64 6 951 8071 | F +64 6 355 7966 | psychology.massey.ac.nz

**Project Procedures**

As a research participant, you would be a participant in a semi-structured interview. This interview may take place in a number of settings for 1-1.5 hours. The structure of the interview space may be online (on zoom), seated or moving within a room, or walking. The researcher will make visual or audio recordings of the interviews. You will be able to answer questions verbally or utilise art materials, movement props (such as physio balls, smaller balls, fidgets) and have music on in the space. This semi-structured interview would also comprise of the researcher asking a number of questions based on your experiences of self-compassion practice as a person with ADHD. During the session, you would provide information on the understanding that your name will not be used. The researcher will use pseudonyms, removing any identifying information, or, not use a name at all. If you choose to take part in this research, a summary of the findings will be made available to you.

**Data Management**

Data from this project is primarily intended for completing the researcher's Masters thesis. However, there is also potential to develop this work further in possible academic journal articles and presentations. Any raw data will be stored by the researcher, Bex Williamson, for up to 5-years. Individual participants may access their own data at any time before the 5-year period on request. You can ask for a copy of the raw data or the written pages relevant to your contribution at any time after its completion. The researcher will use pseudonyms and remove any identifying information.

The information you share will be treated with care and respect for your privacy, and the researcher will ensure that the names of all study participants remain confidential.

**Participant's Rights**

You are under no obligation to accept this invitation. If you decide to participate, you have the right to:

- *decline to answer any particular question;*
- *withdraw from the study by 1st September, 2024;*
- *ask any questions about the study at any time during participation;*

- *provide information on the understanding that your name will not be used unless you give permission to the researcher;*
- *be given access to a summary of the project findings when it is concluded.*
- *ask for the recorder to be turned off at any time during the interview*

**Project Contacts**

Please contact the researcher if you have any questions about the assignment.

- Rebekah Williamson self-compassion.adhd@outlook.co.nz, +64[redacted]

If you have any concerns about the conduct of this research that you wish to raise with someone other than the researcher, please contact the supervisors of this project

- Associate Professor Heather Kempton H.Kempton@massey.ac.nz, +64 9 213 6103

**Low Risk Notifications**

This project has been evaluated by peer review and judged to be low risk. Consequently, it has not been reviewed by one of the University's Human Ethics Committees. The researcher(s) named above are responsible for the ethical conduct of this research.

If you have any concerns about the conduct of this research that you wish to raise with someone other than the researcher(s), please contact Prof Craig Johnson, Director, Research Ethics, telephone 06 356 9099 x 85271, email humanethics@massey.ac.nz.

## Appendix F – Consent Form

MASSEY UNIVERSITY
TE KUNENGA KI PŪREHUROA
UNIVERSITY OF NEW ZEALAND

COLLEGE OF HUMANITIES AND SOCIAL SCIENCES
TE KURA PŪKENGA TANGATA

### *Exploring the experience of Self-compassion practices in adults with ADHD*

**PARTICIPANT CONSENT FORM - INDIVIDUAL**

I have read, or have had read to me in my first language, and I understand the Participant Information Sheet attached. I have had the details of the study explained to me, any questions I had have been answered to my satisfaction, and I understand that I may ask further questions at any time. I have been given sufficient time to consider whether to participate in this study and I understand participation is voluntary and that I may withdraw from the study at any time.

1. I agree/do not agree to the interview being sound recorded.
2. I agree/do not agree to the interview being image recorded.
3. I wish/do not wish to have my recordings returned to me.
4. I wish/do not wish to have data placed in an official archive.
5. I agree to participate in this study under the conditions set out in the Information Sheet.

**Declaration by Participant:**

I _____ hereby consent to take part in this study.

**Signature:** _____ Date: _____

***"This project has been evaluated by peer review and judged to be low risk. Consequently, it has not been reviewed by one of the University's Human Ethics Committees. The researcher(s) named in this document are responsible for the ethical conduct of this research.***
***If you have any concerns about the conduct of this research that you want to raise with someone other than the researcher(s), please contact the Research Ethics Office, email humanethics@massey.ac.nz."***

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**Appendix G - Mark Making & slow turns**

Reflection after moving

As I return to the initial gestural movement that began this processes with I notice something about it that I didn't notice at the beginning of this journey, I notice the slowing down into the turn and the acceleration out of the turn. This feel more to me like the cycles than that of a circle now…

The circle gives the impression of evenness and balance within the cycle, and I sense a different momentum and dynamic… I sense a power in the transitions and really question, how we hold space for the transitions. Rather than balance, how do we drop into the flow, leaning into the slow turns so that we can take advantage of the acceleration out of those turns.

## Appendix H. Example section from second coding approach

| | | Coding with Lenses | | | | |
|---|---|---|---|---|---|---|
| Question | Co-researcher | Dance Therapy | Critical Psych Theorys | River Nature Metaphor | General |
| 18. Are there times / places or contexts in which self-compassion is easier or harder? | p1 | Slow transitions, Voicing boundaries, recuperation & exertion | | Slow turns | Be authentic, Contextualising / comparing / perspective taking, Partner as hinderer of SC, allowing indulgence, diagnosis to facilitate letting go of external expectations, perfectionism, voicing boundaries, |
| | p2 | body | | | Bravery, body, gentle self-talk, imposter syndrome |
| | p3 | | | | |
| | p4 | all parts welcome, body, choices, low resources, permission giving, recuperation & exertion, relational dynamics, routine, running drifting, start / stop, structure, tension | Conditions, acceptance is bigger than the individual level, compassion as bidirectional, | ebb and flow, menstrual cycles, menstruation | Contextualising / comparing / perspective taking. Diagnosis - permission to flow this way I need to. External pressure vs permission, Husband as support, Internal conflict, Jobs that weren't a good fit, Partner as hinderer of SC, You know what's wrong so now you can work harder to overcome vs No I'm just not going to do that, acceptance first then self-compassion, allowing indulgence, body, diagnosis as tool for understanding, diagnosis supported leaning into strengths, diagnosis to facilitate letting go of external expectations, internalised shame, motivation to act, reason rather than excuse, reason versus excuse, releasing self from shame, resistance, rigid systems, rolling skin / stimming as a way of increasing awareness of body in space (proprioception?), routines as structures which provide less stress on the brain, self-understanding as compassion, signifiers of SC, tolerating uncomfortable feelings, internalised judgment |
| | p5 | can't play when nervous system is cranking, play | Conditions | Black and white binaries as lacking flexibility and flow, Rigid systems as straightening | conditions for self-compassion |
| | p6 | | | | |
| | p7 | | | | |

## Appendix I: Inductive Coding Process

1. Initial re-read post interview recording
    - During this stage, there was an increased awareness of similar themes that were being talked about by participants and common kinds of experiences. These were noted casually
2. Section of the content used (interviews 4-7) as a sample of the data
    - By the time I was re-reading interviews 4-7, the themes were gaining clarity. At this point, signifiers and barriers (resistance/ frictions) of SC were becoming clear. There were also themes related to being women and the body emerging. Tensions were present and relationships were highlighted. There was a strong theme of self-criticism which seemed to have strong ties to being ADHD (not something you acquire, though the later acquired diagnosis is an interesting perspective as engaging with the identity of having or being ADHD seems a bit loaded here). Nature and cycles were an interesting emergence here.
3. Codes created to cover the initial data
    - Themes related to
4. Reread all the interviews and apply codes
5. Noted where new codes needed to be created
6. Saw the emergence of broader themes / different lenses
7. Created database spreadsheet to use tags and lenses to explore emergent themes from the literature and included quotes from the participants and re-coded
8. Theme of conditions for self-compassion brought awareness of the bio/ psycho / social layers that the themes emerged in

9. Revisited with this context layered lens, while keeping in mind that these layers are far from discrete but rather complex interacting layers. Recoded
10. Reviewed the codes to see where the relationships were between the themes
11. Iterative process / how codes came together and how others got split – this section took much longer than anticipated due to the revisit and wanting to ensure respect was held for the words of the participants.

**Appendix J – Letter to Participants inviting response to poem**

*Letter containing poem response for participants*

Hi all,

I hope you are all doing well. I cannot express how truly grateful I am for the sharing during the interview. It is really exciting to start to explore some themes.

Just a quick update on where I am at with the research process. I am drawing together themes, and still finalising the last 2 interviews transcripts. I still have a couple of vouchers to send, which should be out in the next three weeks.

I got sick for a few weeks, which pushed things out for me, but back on track now.

I have just written a poem, as part of the response to the initial transcription checking, which incorporates parts of some of the themes which really resonated with my personal experience (which is likely why needed to process it!). It is related to me before self-compassion, and the inner critic and social conforming pressure.

I shared it with my supervisor today and she suggested that I share it with all of you, so that we can collaborate. I want to give you the opportunity to respond / make suggestions / offer changes or additions. It may or may not resonate with you (and as I mentioned, this is strongly pulled from my experiences and associations that came up for me through the process). There are words from the interviews that triggered these associations, and they are woven throughout.

(See poem p. _)

**Appendix K – Self -compassion is flow poem**

**Self-compassion is leaning into my flow**

**Self-compassion looks like** seeing the bigger picture. It looks like getting stuck in the details, playing video games, talking walks, making a mess on a rainy day

**It smells like** the inside of my car, the ocean air, falafel, hot chips and an easy to make meal at the end of a long day

**It tastes like** a cup of tea in the morning, a coffee with friends or a single piece of chocolate

**It sounds like** soothing myself and calling myself out, It sounds like the kindness in my own voice in my own head. It sounds like laughter and music and silence.

It reminds me that perfection is unattainable, and that I don't have to be giving 110% all the time, that's not sustainable

**Self-compassion feels like** warmth and water, a hug, friendship, being held, and sometimes a struggle when it is needed the most

Self-compassion is knowing that I have inherent worth and that my lived experiences have value

A journey, a process

Its relational and responsive and looks different every single day, because I show up to this world with different needs

every

single

day

It is listening to all my parts, not just the ones that the world has decided are acceptable.

It is making choices and following those choices up with actions, and at the same time knowing when we can't and accepting ourselves in those moments too

It is beyond a practice that I do every day… it is a way of being

It is stillness, it is moving, it is breath

It's getting comfortable with being uncomfortable

And its uncomfortable because it's still new

Its way easier when those around me make space for it

And slow turns and leaning into the corners

Self-compassion connects me to the cycles of my internal waters; to the day and night; to natures living cycles and to the moon.

It is my garden and my business.

It shows up in my relationships

It reminds me to pay attention to myself, to uphold my boundaries and to live my values

Self-compassion is leaning into my flow