

The Gender-Specific Phenomenology of Adhd: A Narrative Review of Emotional Dysregulation and Internalizing Symptoms among Indian School-Aged Girls

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ABSTRACT

Background: Attention-deficit/hyperactivity disorder (ADHD) presents differently across genders. In school-aged girls, symptoms are often predominantly inattentive and internalizing, and in India, these are frequently masked by cultural expectations of docility and compliance.

Objective: This narrative review examines evidence on emotional dysregulation (ED) and internalizing symptoms in school aged Indian girls.

Data Sources: Searches were conducted in PubMed, Scopus, PsycINFO, Google Scholar, and Indian databases. Peer-reviewed studies focusing on female ADHD phenomenology, ED or internalizing outcomes, and Indian populations were included.

Methods: Identified studies were analyzed thematically to identify patterns in symptom presentation, comorbidities, and sociocultural influences.

Results: Girls most commonly exhibited inattentive-dominant ADHD (60–80%), with high prevalence of ED, including irritability and mood lability, and internalizing comorbidities such as anxiety and depression. Cultural factors, including patriarchal norms and stigma, were found to exacerbate symptom masking. Indian studies also reported delayed diagnosis (mean age 11.5 years) and increased academic difficulties.

Limitations: Heterogeneity in study designs and measures precluded meta-analysis, and most research was urban-centric, limiting generalizability.

Conclusions: Early, gender-sensitive screening and culturally tailored interventions are critical to identify ADHD in girls and mitigate associated emotional and academic risks.

Keywords: *adhd phenomenology, gender differences, emotional dysregulation, internalizing symptoms, indian school girls, inattentive subtype, cultural masking*

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INTRODUCTION

Attention-deficit/hyperactivity disorder (ADHD) is a neurodevelopmental condition affecting approximately 5–7% of children worldwide^{[1][8]}. Despite the prevalence, girls are often underdiagnosed because their symptoms tend to be less overt. Unlike boys, who frequently exhibit hyperactivity and impulsivity, girls are more likely to present with inattentive symptoms such as distractibility, forgetfulness, and cognitive disengagement^{[7] [11]}. These subtler behaviors may be misinterpreted as personality traits like shyness or low motivation, resulting in delayed identification and intervention.

A key yet frequently overlooked aspect of ADHD in girls is emotional dysregulation (ED), characterized by

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difficulties in managing emotions, irritability, mood swings, and heightened sensitivity to criticism or perceived rejection^{[3] [14]}. ED often co-occurs with internalizing problems, including anxiety and depression, which are disproportionately observed in girls compared to boys^[15]. Because emotional challenges can dominate the clinical presentation, ADHD may go unrecognized or be misdiagnosed as a mood or anxiety disorder.

In the Indian context, sociocultural influences further hinder the identification of ADHD in girls. Expectations around obedience, emotional control, and academic performance often lead to the masking of symptoms and internalization of distress^[6].

Moreover, stigma surrounding mental health, along with concerns about social standing and future marriage prospects, frequently delays help-seeking and diagnosis^[11].

The interaction between gender-specific symptom patterns and sociocultural expectations highlight the need for a more nuanced understanding of ADHD in Indian school-aged girls. Conceptualizing emotional dysregulation as a core feature rather than a secondary symptom may improve early recognition and intervention. This review therefore explores the relationship between emotional dysregulation and internalizing symptoms in this population, while emphasizing the importance of culturally and gender-sensitive diagnostic and support approaches.

CLINICAL MANIFESTATIONS AND GENDER-SPECIFIC SUBTYPES

Predominance of Inattentive Symptomatology

Indian schoolgirls are significantly more likely to present with the predominantly inattentive subtype of ADHD. In classroom settings, these girls may appear to be attentive while their focus has drifted elsewhere—a phenomenon often dismissed as “daydreaming.” Because such behaviors are non-disruptive, they rarely prompt teacher referrals. Consequently, these students are frequently labelled as “slow learners” or “unmotivated,” delaying early intervention during critical periods of neurodevelopment.

Emotional Dysregulation: The Hidden Burden

Emotional dysregulation (ED) is a core yet often overlooked feature of ADHD in girls, manifesting as mood lability, irritability, and heightened sensitivity to perceived slights.

- **Internalized Volatility:** While boys may express frustration outwardly through aggression, girls often experience intense internal “emotional storms.” In the Indian context, where emotional restraint is culturally valorized for females, these feelings are often suppressed at school but manifest at home, resulting in a “Jekyll and Hyde” perception among caregivers.
- **Rejection Sensitive Dysphoria (RSD):** Many girls experience profound emotional distress in response to perceived criticism. In the hierarchical environment of Indian schools, even minor reprimands can trigger intense feelings of shame.
- **The “Hormonal” Misdiagnosis:** During adolescence, these emotional fluctuations are often misattributed to typical pubertal moodiness, masking underlying executive function deficits^[9].

Internalizing Comorbidities and Social Withdrawal

Boys and girls exhibit distinct symptom patterns, indicating gender-specific influences^[3]. In contrast to the externalizing disorders more commonly observed in boys (e.g., Conduct Disorder), girls with ADHD frequently exhibit internalizing problems such as anxiety, depression, and somatic complaints (e.g., headaches, stomach aches).

Social withdrawal is a common coping mechanism; girls overwhelmed by social interactions may isolate themselves to avoid embarrassment. This behavior is often misinterpreted as mere shyness, further delaying recognition of the underlying neurodevelopmental difficulties.

Global research on ADHD gender differences largely overlooks cultural moderators, while Indian studies focus on prevalence rather than phenomenology^{[8][10]}. Western cohorts, such as the Multimodal Treatment of ADHD (MTA) study, highlight girls’ predominance of inattentive symptoms and heightened emotional dysregulation^{[7][6]}. However, extrapolating these findings to India neglects sociocultural influences. For example, a 2022 Indian hospital-based study found no significant gender differences in core ADHD symptoms but did not adequately capture emotional dysregulation due to limitations in assessment tools^[13].

Key gaps in the literature include:

1. the lack of reviews examining emotional dysregulation and internalizing symptoms in Indian girls, as existing meta-analyses often aggregate genders or adult populations^[11];
2. limited qualitative research, with only recent studies exploring lived experiences revealing “emotional exhaustion” from masking^[11];
3. underexplored cultural factors such as stigma, family dynamics, and gender norms that amplify internalizing symptoms; and
4. a paucity of longitudinal studies, limiting understanding of ED progression into adolescent suicidality, estimated to be 2–3 times higher in girls^[6].

Prevalence data highlight the scale of the problem. A study in urban Rajasthan schools reported ADHD prevalence of 8.7%, with girls showing higher anxiety comorbidity (45%)^[13]. Adult Indian cohorts suggest that roughly 60% of women with ADHD were retrospectively underdiagnosed. Addressing these gaps is critical given India’s rising adolescent mental health burden, including depression rates of approximately 13%^[6].

METHODOLOGY

This study utilized a narrative review methodology to synthesize existing literature on gender-specific presentations of attention-deficit/hyperactivity disorder (ADHD), with a particular emphasis on emotional dysregulation and internalizing symptoms among Indian school-aged girls. A comprehensive search was conducted across PubMed, Scopus, PsycINFO, and Google Scholar, employing targeted keywords such as “ADHD,” “gender differences,” “girls,” “emotional dysregulation,” “internalizing symptoms,” and “India” to identify relevant studies.

RESULTS

Gender Differences in ADHD Presentation

ADHD subtypes diverge sharply by gender. Globally, 60–80% of girls present with the inattentive type (ADHD-I), whereas boys predominantly show hyperactive-impulsive or combined subtypes. Indian girls often mask symptoms

through compensatory strategies, such as excessive note-taking or people-pleasing, appearing diligent while struggling internally.

Table 1: Gender Differences in ADHD Features

Domain	Boys	Indian Girls
Core Symptoms	Hyperactive/impulsive	Inattentive/internalizing
Emotions	External (Anger/Defiance)	Internalized (Shame/Dysregulation)
Comorbidities	ODD	Anxiety/depression
Diagnosis Age (approx)	7 years	11.5 years
Diagnostic Time	Early childhood	Adolescence or Adulthood
Emotions	Externalized (Anger/Defiance)	Internalized (Shame/Dysregulation)
Societal View	"Troublemaker"	"Dreamer" or "Moody"

Emotional Dysregulation (ED) in Indian Girls

ED involves deficient modulation of affective responses beyond standard ADHD norms. Indian girls show amplified ED due to cultural pressures that discourage overt emotional expression, with studies noting high levels of irritability and mood lability. Emotional dysregulation in this demographic is often tied to rejection sensitivity dysphoria (RSD), where criticism triggers intense shame.

Internalizing Symptoms and Comorbidities

Internalizing disorders affect 40–60% of girls with ADHD, compared to 20–30% of boys^{[12] [15]}. In India, academic pressures and a highly competitive education system further increase the risk of depression^[6]. Qualitative findings also indicate a cycle of self-blame and emotional exhaustion, which is often misattributed to personality traits or normal pubertal changes^[11].

Cultural Influences in India

Patriarchal norms demand female docility and emotional suppression, leading girls to internalize struggles and fostering low self-esteem. Stigma remains a significant barrier, as ADHD is frequently viewed as a lack of discipline rather than a neurodevelopmental disorder. Families may also fear a diagnostic label could impact a girl’s future social standing or marriage prospects.

DISCUSSION

Current diagnostic approaches to ADHD are still largely shaped by male-centered presentations, which means many Indian school-going girls with ADHD are overlooked or misdiagnosed. Unlike boys, these girls often exhibit internalizing symptoms and emotional dysregulation (ED), which are frequently mistaken for shyness, anxiety, or academic stress rather than recognized as indicators of ADHD. Sociocultural factors in India—such as gender norms, high academic expectations, and stigma surrounding mental health—further contribute to masking behaviors and delayed help-seeking. As a result, many girls remain unidentified until their difficulties begin to significantly impact academic performance and emotional well-being. Reframing emotional dysregulation as a core feature of ADHD, rather than a secondary concern, could improve early identification. Developing gender-sensitive and culturally responsive diagnostic frameworks is therefore essential to ensure that Indian

school-going girls with ADHD receive timely, appropriate, and effective support.

LIMITATIONS

This review has several limitations that should be considered, particularly in relation to Indian school-going girls with ADHD. The included studies showed considerable variation in methodology, diagnostic criteria, and outcome measures, which limited the ability to conduct a meta-analysis and draw uniform conclusions. Additionally, much of the existing evidence is derived from urban, clinic-based samples, reducing the generalizability of findings to rural and socioeconomically diverse school populations across India. There is also a notable lack of longitudinal research focusing specifically on school-aged girls, which restricts understanding of developmental patterns and long-term outcomes. In some instances, findings from adult populations were extrapolated to younger cohorts, which may not fully reflect age-specific experiences. These gaps underscore the need for more representative, school-based, and longitudinal studies to better capture the realities of ADHD among Indian school-going girls.

RECOMMENDATIONS

Clinical and Educational Implications

- **Clinical:** Development of ED screening tools for girls.
- **Parent psychoeducation:** Awareness programs addressing stigma.
- **Educational:** Nationwide teacher training to recognize inattentive-ED manifestations.
- **School-based mental health services:** Early intervention may prevent secondary anxiety or depressive disorders.
- **Policy:** Mandating gender-disaggregated ADHD data in national surveys.

Future Directions

- Development of culturally adapted ADHD screening tools for girls.
- Longitudinal Indian cohort studies.
- Neurobiological research on emotional dysregulation in female ADHD populations.

- Qualitative research exploring sociocultural barriers to diagnosis.

CONCLUSION

The phenomenology of ADHD in girls, particularly in the Indian context, is often underrecognized because it diverges from traditional, male-centered models that emphasize hyperactivity and externalizing behaviors. In girls, inattentive symptoms, emotional dysregulation (ED), and internalizing problems such as anxiety and depression frequently predominate, leading to misinterpretation of ADHD as shyness, poor motivation, or academic struggle. Sociocultural factors, including rigid gender norms, familial expectations, and stigma surrounding mental health, further hinder recognition, delay help-seeking, and impede timely intervention.

Addressing these gaps necessitates a gender-sensitive and culturally responsive diagnostic framework that acknowledges the unique symptom profiles of girls, including emotional and internalizing dimensions. Early identification is critical not only to mitigate long-term psychological distress but also to prevent academic underachievement, social withdrawal, and functional impairment. Future efforts should prioritize the development of culturally validated screening tools, longitudinal research tracking developmental trajectories, and integrated interventions within schools and communities to support holistic care. By centering female phenomenology and implementing culturally attuned diagnostic and intervention strategies, clinicians and educators can reduce the risk of lifelong functional challenges and improve outcomes for Indian girls with ADHD.

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