



IWONA MYŚLIWCZYK

Warmia and Mazury University
in Olsztyn, Poland

ORCID iD: 0000-0002-9826-5642

“MY PARTNER HAS ADHD” – WAYS OF EXPERIENCING RELATIONSHIPS IN THE NARRATIVES OF NEUROTYPICAL WOMEN

ABSTRACT

Objective of the study: *This article presents the findings of a study aimed at understanding the lived experiences of women who are in relationships with men diagnosed with ADHD and attempting to reach the subjective meanings held by such women.*

Background: *When it comes to the romantic relationships formed by people with ADHD, there is a lack of relevant studies in Europe, with Poland being no exception. The issue of a relationship where one of the partners has ADHD is an area requiring scientific exploration.*

Method: *The research carried out was based on the constructivist research trend. A biographical method was used, and thematic narrative interviews were conducted with women who are in relationships with men diagnosed with ADHD. It was difficult to find people for the study due to the lack of diagnosis in men, which narrowed the research group to nine women who come from Poland, are aged 24-46, and whose experience in relationships with men with ADHD ranges from 2 to 14 years.*

Results: *An analysis of the empirical material shows various ways of feeling and interpreting relationships with a man who has ADHD. Some women experience an exceptional and unique relationship, while others talk about their experiences feeling regret, embarrassment and shame.*

Conclusion: *The study carried out gives a voice to women who are in relationships with partners affected by ADHD. Through their accounts of romantic relationships, the authors of the biographies reveal their truth and share their subjective experiences. The women's unique narratives provide an explanation and understanding of their individual perspectives.*

Implications: *The voice of women in relationships with partners with ADHD can serve as a recommendation for changes that can make life easier for people living with partners with ADHD and improve the quality of their relationships.*

KEYWORDS: *ADHD, love relationship, uniqueness of relationship, difficulties in relationship, constructivist research*

INTRODUCTION

The scientific discourse, both in Poland and globally, explores issues related to the functioning of adults with ADHD^[1], yet such studies still fail to bridge the gap of unawareness in this area. The researchers studying ADHD in adults (e.g., Mick et al., 2005; Turgay et al., 2012; Young et al., 2016; Otsuka, 2024; Safren, Sprich, Perlman, Otto, 2024) all agree that the disorder's manifestations

do not disappear upon entering adulthood, but change in form and imply very real problems in a number of aspects of daily life, including relationships. It is clear from empirical evidence gathered to date that the manifestations of this disorder reverberate in social, family and romantic relationships (Saccetti and Lefler, 2014; Musialowska, 2024; Pflumio, 2024; Otsuka, 2024). In European states, including Poland, the issue of romantic relationships of people with ADHD is rarely addressed. This area requires further scientific exploration, especially since previous studies have often focused on the person diagnosed with the disorder. However, neurotypical partners constitute a group neglected in such research. Their voice is ignored in the study of the significance of ADHD for partnership and romantic relationships (Ben-Naim, Marom, Krashin et al., 2017). Therefore, there is a need to lend a voice to partners who are in relationships with people with ADHD in order to gain insight and learn about their perspective and consequently show the broader context of this disorder for the relationship.

The interpersonal difficulties of adults with ADHD may result from their specific executive functioning (Barkley et al., 2010; Barkley, 2020; Rosier, 2024). Proper social functioning is based on executive functions, the development of which in people with ADHD (regardless of age) is usually delayed and remains reduced by about 30 percent when compared to peers (Kowalczyk, 2024). Impulsivity and shortcomings related to planning, attention, self-control and self-regulation become troublesome for adults, and these issues tend to grow in demand with age (Resnick, 2005; Goldstein et al., 2014; Rosier, 2024). One reason behind difficulties in establishing and maintaining relationships may also be the neglect of various emotional and caregiving needs of people with ADHD as they enter adulthood (Treuer et al., 2016). Criticising the behaviours exhibited by people with ADHD during childhood and adolescence and frequent rejection by parents, teachers and, above all, peers also contribute to the development of relationship deficits. The effects of low self-esteem negatively affect ADHD adults' relationships with others (Robbins, 2005; Kim, 2024). In other words, experiencing difficulties in the period leading up to adulthood in the field of social relationships is reflected in fear, apprehension and withdrawal from future relationships, especially those related to intimacy (Marsh et al. 2015). Existing deficits in social and emotional

spheres imply barriers to maintaining healthy interpersonal interactions (Canu, 2007; Musiałowska, 2024).

For adults with ADHD, intimate relationships can prove problematic due to the disorder's lifelong persistent effects. ADHD determines the love life and romantic relationships of adults. The most common signs that persist into adulthood include constant inattention, forgetfulness, mood swings and outbursts of anger. Adults with ADHD are often sensation-seekers, displaying impulsive and aggressive behaviour. Such traits make it difficult to establish a relationship, or if one is established, people with ADHD fail to maintain it (Kooij, 2018). This is because this disorder affects *the ability to love someone really deeply and the ability to receive love* (Pink and Emery, 2023, p. 161). ADHD behaviours, such as impulsivity, sensation-seeking that provides high levels of dopamine, and getting bored quickly, prevent people from reaching the stage of true intimacy since people with ADHD are constantly looking around for the next potential partner that will release the endorphins once again (Pink and Emery, 2023). The consequences of this conduct are burdensome for both sides of the relationship, as people pushed away by partners with ADHD feel hurt and fail to understand the reason for such behaviour. For people with ADHD, engaging in yet another relationship does not create a platform for developing a lasting, reassuring connection.

Existing research reveals that relationships of people with ADHD are fraught with conflicts stemming from inadequate communication, failure to respect agreements, and lack of responsibility for family and household management (Kim, 2024; Polak-Zajac, 2024). Conflicts also arise from a lack of intimacy and alcohol and drug abuse, leading to violent behaviour (Kooij, 2018). Numerous studies indicate that adults with ADHD have short-lived and incompatible romantic relationships (Kooij, 2018; Wymbs, Canu, Sacchetti, Loren, Ranson, 2021; Robertson, 2023). Polańczyk et al. (2014) estimate that about 4% of adults exhibit symptoms of ADHD, characterised by procrastination, disorganisation and forgetfulness, even while engaging in activities they enjoy. From a clinical point of view, it is possible to find justification for the behaviours presented by adults with ADHD in relationships (Kooij et al., 2019). However, this does not clarify all uncertainties in this regard, especially since alternative approaches are increasingly emerging, which point to ADHD

as an example of neurodiversity, i.e., a natural variation in brain function (Armstrong, 2010). From this perspective, not only the difficulties, but also the unique resources of persons with ADHD are emphasised, including curiosity, flexibility, creativity, unconventional thinking, and the ability to hyperfocus. From this perspective, ADHD does not have to be seen solely as a pathological phenomenon but rather as a different way of being, which, with the appropriate support, can coexist with a full and satisfying social and emotional life (Hansen, 2024). As a result, we are then facing a person who is full of life, brilliant and absorbing the world with curiosity, with all these qualities to be understood as assets, not deficits (Podgórska-Jachnik, 2019). Therefore, it is worthwhile to expand this knowledge with the voices of people who are in relationships with partners with this disorder on a daily basis and take into account their subjective experiences in developing models of support and therapy for adults with ADHD.

METHODOLOGY USED

The study was carried out using a qualitative, interpretative paradigm. It creates an opportunity to learn about the subjective perspective of the people under study, which means that learning about the fate of even a single person already provides a basis for learning about a certain phenomenon. The findings obtained under the qualitative paradigm provide an opportunity to discover meanings and bring out their individual character (Bauman, 2010). In addition, the interpretive approach, with all its theoretical and methodological background, seems particularly appropriate when we want to allow those who are overlooked in everyday life or who, for some reason, do not feel important to have their say. Thus, this orientation allows women in relationships with partners with ADHD to speak up. They represent a group that gets overlooked in scientific discourse, and their experiences can contribute to our understanding of the relationships with men with ADHD.

The objective of the study was to reconstruct the experiences of women who are in romantic relationships with partners with ADHD. The study, therefore, strove to learn about and understand how these women interpret daily

functioning within a relationship, how they define their roles and emotional involvement, and what meanings they attribute to their partner's behaviour in the context of his diagnosis. The study aimed to capture the subjective meanings that female participants attributed to their own experiences. Therefore, answers were sought to the following research question: How do women experience relationships with partners with ADHD? The following specific problems were formulated within the framework of the main problem:

1. What emotions do women most often experience in relationships with a partner with ADHD?
2. How do women interpret their partners' behaviour in the context of ADHD?
3. How do women experience the effects of their partner's ADHD in daily life in a relationship?

Positioning the study in the interpretative paradigm created the possibility of using the biographical method, and consequently the thematic narrative interview, in the constructivist research stream. The narrative interviews with women were inspired by Schütze's (2012) concept. The choice was prompted not only by the methodological strategy adopted but also by the specificity of this research approach, which is related to the need for *insight* into the problem at hand, but above all to the desire to *understand* other people (Ostrouch-Kaminska, 2015).

The selection of the study sample for this project was purposive. It comprised women who are in relationships with men diagnosed with ADHD. The study was conducted in late 2023 and early 2024. It was challenging to find subjects for the study due to the lack of diagnosis in men who manifest symptoms of the disorder but have not been diagnosed. The said diagnosis criterion narrowed the study pool to nine women. The subjects are from Poland and are aged 24-46. The women have been in relationships with men with ADHD for between 2 and 14 years. Three of the study participants are married, and six live in civil partnerships. All of the participants are economically active, and three of them have children. Prior to participating in the study, the women were informed that their participation would be anonymous and confidential and that they could withdraw from the study at any time. Due

to the protection of personal information and the disclosure of experiences that were highly personal and distressing for the women interviewed, the names of the interviewees were omitted, and the names of the partners were changed so that personal identification could not be made. During the meeting, the interviewees were asked to talk about their experiences of relationships with partners with ADHD. The women's statements gave structure to the remainder of the interview. During the interview, the interviewees were not interrupted so that the narrative would not be disturbed. The researcher restricted herself to active listening. This allowed *the interviewee to frame the topic and give meaning to it in such a way as she herself wanted, or as it corresponded to her experiences. (...) The participant herself specifies the course of life events in her narrative through sequencing, the necessary order of events and detailing adopted by herself* (Jonda and Sackmann, 2016, pp. 30-31). The women turned their experiences into text so that the reality under study could be viewed, revealing previously unseen dimensions. After the story was finished, the researcher asked questions about issues that were not clear or could be elaborated further.

ANALYSIS OF EMPIRICAL DATA

When analysing the collected empirical data, the analytical procedure for narrative interviews proposed by Schütze (2012; Kazmierska and Waniek, 2020) was applied. It consisted of transcription and giving titles to individual interviews, formal analysis of the text, structural description of the narratives, analytical abstraction, contrastive comparison, and synthesis. During the analysis, the women's narratives were grouped into shared and separate categories reflecting their experiences at different stages of the relationship. Statements that gained the most saturation and those that showed the individualised experience of women were then presented.

In the course of the analyses, the main categories and subordinate specific categories were identified and are listed in Table 1.

Table 1. *Grouped topics in the area of interviewees' experience of their relationship with an ADHD partner*

Exciting
Openness to new experiences Attractiveness of time spent together, shared interests Ingenuity, creativity Unpredictability, spontaneity
Sufficiently good
Acceptance Understanding Patience Support Trust Commitment Nurturing the relationship
Partnership
Responsibility Respect Consideration of needs Taking an interest Being natural, sincere, kind, empathetic
Exhausting
Reluctance to confront/compromise Lack of concern for the relationship Lack of open communication Lack of trust Disagreeable, ill-tempered Irresponsible
Burning out
No intimacy or affection Powerlessness, helplessness Aggression Alcohol abuse Subjective sexual activity

Source: own study

The first category refers to a relationship that the biographers perceive as **exciting**. It is defined by the interviewees as spontaneous, fascinating and emotional. This is what – as one interviewee emphasises – *a relationship with a Partner with ADHD* looks like. In defining their relationship, the

interviewees described it as unpredictable, which for them means a lack of routine and monotony in the relationship. In their opinion, this results in the state of constantly being *in love* and feeling *butterflies in the stomach*. In the women's narrative, their relationships are based on passion and constant attraction to each other:

This spontaneity and constant desire to discover something new excites me. I'm under the impression that it's more satisfying to be in such a relationship, (...) with us this relationship looks like it did 4 years ago (...) (...) this is the first man in my life where I still have those fabled butterflies in my stomach

It can be inferred from the narratives that this unpredictability and spontaneity of the partners are attractive to the interviewees and that being in a relationship with a man with ADHD is, as far as the women are concerned, associated with going beyond conventional thinking, functioning and acting. The spontaneity associated with ADHD is perceived positively as a *breath of fresh air* in the relationship, which intrigues and prompts continuous creativity in action:

(...) there is no boredom, there is always something going on, and it's always something new (...)
I view these ADHD traits as a breath of fresh air in the relationship, as something unfamiliar yet damn interesting.
(...) it's hardly a normal relationship, as far as work, household, responsibilities are concerned (...) With Damian you never have a routine, you never know what the day will look like (...)

The ingenuity, creativity and openness to new experiences displayed by men with ADHD means that the free time spent together with them is very proactive, attractive and unique for the interviewees. The hyperactivity and hyper-mobility resulting from ADHD cause the female partners to be constantly on the move, agitated, nervous and looking for new sources of adrenaline. The narratives suggest that, in order to minimise the effects of ADHD, men engage in physical activity, are open to exploring new ways of spending their time and are inventive in terms of new passions and interests. As the

women's narratives suggest, this makes life interesting, rewarding and full of surprises. The time spent together and the combined passions bring interviewees and their partners with ADHD closer together and cements their relationships. A partner's resourcefulness is interpreted by the women as a commitment to keeping the 'feelings hot' and nurturing a relationship dynamic that counters boredom and burning out. Consequently, interviewees talk about a variety of leisure activities that make their relationship more attractive. The responses demonstrate that some women are very willing to give in to all kinds of ideas and new interests, appreciate their partners' creativity and define it as a desirable trait for the quality and sustainability of the relationship. The respondents also emphasise the importance of compromise in their relationship, which makes it possible for them to jointly decide on these attractions. Some participants acknowledge that their partners are able to 'make use' of their ADHD traits and thus overcome the difficulties implied by the disorder:

(...) and it's just so wonderful that he uses this ADHD of his to create such a lively relationship between us.

Sure, it's not always good, but I can see that Damian is trying very hard to make sure this ADHD doesn't wreck our lives.

However, the narratives reveal that not all interviewees have a positive view of all activity, creativity and openness to new experiences of partners with ADHD. Some perceive such behaviour of men as irresponsible and frivolous. One gets the impression that these biography authors fail to understand the behaviour of partners attributable to ADHD and the reasons why men engage in various activities. They interpret them as *pleasures* and *different ideas* that should have no place in their role as a father:

I get it all, but when you have a family, there are already other responsibilities, not just pleasures.

"I don't know whether these different ideas help him or not (...). He's an adult, so he should probably behave a little differently, right?"

The second category, determining the relationship with a partner with ADHD, was defined by the contributors to the biography as **sufficiently good**.

Women in this relationship experience their partner's involvement in their affairs, caring for the relationship and the needs arising from intimacy. The narrators give great importance to these behaviours, as they are aware of the troublesome symptoms associated with ADHD, which often complicate the romantic relationship:

(...) he's not the only one who's important because of his condition (...) he pays attention to my needs (...)

Jarek has never acted as if he is the most important in this relationship.

(...) and my affairs are also important, I never feel that Adrian's matters are more important (...) he does not focus on himself, even though he needs to help himself.

The analysis of some biographies reveals that the affairs of a partner with ADHD are as important in a relationship as those of the narrators. It can be inferred from the statements of the participating women that they feel *cared for* by their partners, whom they also show a lot of understanding and acceptance. They appreciate the efforts of men who experience failures and frustrations due to ADHD-related behaviour. The authors of the biographies stress the importance of being patient. The women's perseverance and determination to maintain a *healthy relationship* are appreciated by partners. It can be assumed that the support shown by the interviewees gives the men the mobilisation and strength to be in therapy:

I see this gratitude, and I thank God that he knows how to show it to me because it's important to me.

(...) he sometimes tells me that we manage thanks to my persistence (...), but it's true.

(...) it's hard sometimes, but thanks to therapy, we can handle it (...)

Some of the women interviewed take patience, persistence and determination for granted in the pursuit of a relationship based on love, intimacy and commitment. The feeling of love mobilises the authors of the biographies to *fight* for mutual happiness, while the durability and strength of the relationship make it possible to overcome the difficulties resulting from ADHD:

I wanted a relationship full of love and understanding, respect and that kind of support for each other (...) that's why I patiently put up with things. There were times when I had enough, but when you love someone, you don't let go when it's bad. That's when you have to fight for your love. (...) I could see when he was tired of himself (...) I couldn't let go then

Another category refers to a relationship based on a **partnership** in a relationship. Study participants attach great importance to this category, as the narratives demonstrate that some of them feared that a partner with ADHD *would be absorbing like a child or not responsible the way an adult would be*. The narratives show that the participants built a relationship with their partner with ADHD based on mutual respect for each other and their needs, help and support, as well as responsibility and sharing of chores. The interviewees particularly emphasise these aspects of the relationship because they are aware that ADHD symptoms make it difficult, even impossible at times, to be responsible, attentive and dutiful:

I feared (...), he's really very responsible, and I can definitely count on him. We're in a partnership (...). It was extremely difficult, but little by little, we got there.

It can be inferred from the narratives that the interviewees value the challenging times in the relationship that allowed them to build a lasting relationship with their partner with ADHD. They feel loved, adored and important to their partners. They notice the kindness, friendliness and willingness of men to meet their needs in the relationship despite their ADHD symptoms. They are aware of some of their partners' traits and difficulties that they believe are due to the condition they suffer from, but they recognise the men's concern and emotional commitment to them:

It is not like Darek is the only one who matters here because he has ADHD (...). He pays great attention to my needs. He had to learn it, but yes, he is warm, welcoming, caring, a true family man.

(...) he doesn't know how to talk about love, in general, he struggles when talking about us, about feelings, but he does a lot for me and is a very good person.

Some of the narratives indicate that the narrators place great emphasis on being sincere and natural in the relationship. For them, sincerity reflects the depth of the relationship and gives strength to build a lasting relationship. The women attribute great value to the authenticity presented by a partner with ADHD and appreciate the truthfulness and naturalness in their behaviour, even though some of it is *troublesome*. They interpret their partner's articulation of needs as a valuable behaviour that stems from the significance and depth of the relationship and demonstrates trust in each other:

I know that people with ADHD pretend to be someone else to please others (...). Jarek is not faking anything, which can be problematic at times, but I prefer him to be himself.

He always strongly insists on being honest with me, although it sometimes hurts (...) it means to me that he respects me, that I'm important to him and that our relationship is genuine.

Another category refers to the emotionally **exhausting** relationship of the author of the biography. A sense of loneliness, frequent conflicts, no support from partners nor their commitment to maintaining the relationship, as well as the subjective treatment by partners, cause the female interviewees to feel distant from each other and tired of being in the relationship. The women's statements indicate that their relationship is not deep. Lack of intimacy, unmet needs, and constant placing of blame for problems in the relationship on the women leads to loneliness in their relationship with their partner with ADHD. The feeling of love still nourished for men by the interviewees causes them to *blame* their partner's *condition* for the poor state of the relationship:

I know that it's all because of the disorder that he's like that (...)

It would be different if he didn't have ADHD. Now, what's the difference if he tries? Nothing comes of it because this ADHD bothers him so much that he's unlikely to change.

Throughout the narrative, the most frequently mentioned problem was hyperactivity, which causes men to be in constant motion, a state of constant tension, anxiety and inability to relax and unwind. The interviewees regard this as a symptom typical of men with ADHD, which makes it very difficult to maintain a proper relationship. Women's exhaustion resulting from the behaviour of their partners and the symptoms they display leads to the narrators' irritation and mental fatigue:

Honestly? I can't remember the last time we went out.

I'm terribly annoyed by this restless look of his, this state of constant anxiety and such, you know, readiness to attack.

I guess this hyperactivity of his is most annoying (...). The fact that he's behaving like this is already tiring me out; I'm mentally drained.

What is more, the women surveyed frequently mention their partners' quarrelsome nature and their desire to create conflict in their relationship. They are tired of men's attitude of arguing over irrelevant issues, leading to quarrels without any constructive solution. Their partners are also unwilling to face the problem and talk, something that could clear the atmosphere between partners and clarify the misunderstanding. Negative emotions trigger constant stress for women and induce feelings of guilt. They are left to their own devices, and the lack of conversation with their partners, as well as their awareness of their partners' deliberate avoidance of dialogue, exacerbates the biographers' sense of loneliness:

I think he's already argued with everyone (...) he mostly argues with me over petty things (...)

This constant bickering over nothing and this feeling that you are to blame (...)

Michał doesn't know how to talk, and our reconciliation looks like this: he will approach and give me a hug and a kiss, but we don't talk about what happened because we start arguing again.

Naturally, arguments are necessary, but we don't sit and talk, and I have the feeling that he still doesn't know what he's doing wrong because we don't confront our feelings and say what we feel during these arguments.

I can't bear these constant arguments mentally (...).

The narratives show that some of the women interviewed feel treated as objects by their partners. The indifference of the partner with ADHD in the relationship results in the destruction of the relationship and reinforces the feeling in women that their partners do not care about the relationship and do not want to nurture it. Studied women often experience being ignored, avoiding contact or conversation. These are just a few of the behaviours of partners that the respondents feel are a manifestation of *burnout of affection* and the loosening of ties:

Sometimes, he acts as if I am not there.

(...) it's a pattern: we argue, then he accuses me of everything, and then there are quiet days to punish me (...) I'm on my own with this.

It's as if Mark doesn't understand some things, that love needs to be cared for and nurtured (...). Sometimes I feel like I'm here just because I am, but I don't feel important.

The indifference exhibited by partners with ADHD toward the women interviewees, the lack of understanding and intimacy, and many undesirable behaviours all contribute to the participants' inability to trust their partners. The stories reveal that women would like to rely on their partners but are left on their own in this endeavour:

It's common knowledge that trust is the key (...), but he doesn't care anymore, so what can I do on my own?

(...) I'm not sure he's not cheating on me, and when I ask, he just laughs.

The feelings of loneliness experienced by the women interviewed are reinforced by irresponsibility on the part of their partners. The stories of the interviewees show that the lack of responsibility manifests itself on multiple levels: from personal irresponsibility through irresponsibility for children and family to economic irresponsibility. The increased vigilance of the women interviewed and being responsible for a number of things is a heavy burden for the authors of the biographies and leads to the burning out of romantic relationships:

(...) this lack of responsibility and attentiveness creates a lot of problems; he can forget to collect the children from school, he can lend money to some

colleague he meets, he won't go to see a doctor even though he's sick, or to his child for father's day (...), well, I could go on forever.

you have to watch him like a child (...). Sometimes I feel like I have three children.

Love is love, but I'm already tired of such a life and love no longer suffices here.

The last category deals with **burning out in a relationship** with a partner with ADHD. The interviewees recount a lack of intimacy and tenderness on the part of their partner. Constant quarrels ending in long periods of silence and lack of dialogue result in women feeling guilty about the breakdown of the relationship, as well as a sense of grief and bitterness. In their narratives, the authors of the biographies also mentioned that the quarrels were accompanied by physical aggression. The women surveyed recounted these experiences with embarrassment and shame but also with horror:

It's sad to say that your husband has hit you, but yes. It happened, and it hurts, much more psychologically so (...) I don't know how much of it's his ADHD and how much is just his nature.

During these arguments, he often slams the door, throws something on the floor, runs up to me and waves his arms around (...). Sometimes I'm afraid of him when he flips out.

He did hit me once (...) I think it was alcohol, but all in all, since I met him, he has always been this impulsive.

Some women interpret aggression as a manifestation of ADHD. One might get the impression that they are explaining and justifying their partner's fits of aggression:

(...) But I think it is this condition that has such consequences because he himself would not hurt anyone.

If it weren't for ADHD, then Adam wouldn't be aggressive (...) but he controls himself when he takes his medication.

The same is true for alcohol abuse:

(...) it's a disease, and he can't deal with it, sometimes there's a beer to unwind or something.

The narrative indicates that alcohol abuse by the interviewees' partners is a consequence of having ADHD. Some respondents mention in their narratives that their partners consume alcohol alone at home due to hardships resulting from the disorder:

My husband started drinking because he wasn't doing well at work; it was his ADHD that caused him to work for a little while and get fired soon. (...) and when he saw that there were no results, he stopped attending therapy and started drinking.

For some women, the experience of sexual intimacy was equally embarrassing as physical violence. According to study participants, it was devoid of intimacy, tenderness and passion and focused more on satisfying their partner's physical needs. This objectifying approach to a matter of vital importance to women is deeply demeaning to the narrators and indicates that the relationship is in crisis:

(...) When there's no desire for intimacy for a long time, it's clear that it's going downhill.

I often get the impression that there's no intimacy here but the mere satisfaction of such physical, animal needs.

We rarely make love now because, for me, it's such an extremely personal act, but I see that he treats it very objectively (...)

OVERVIEW OF THE FINDINGS AND IMPLICATIONS FOR PRACTICE

The study conducted gives voice to women who are in relationships with partners with ADHD. Through their accounts of the relationships experienced, the authors of the biographies reveal their *truth* and expose their subjective feelings. The unique narratives of the interviewees explain their individual perspectives and allow us to understand them. The ways of experiencing the relationship with a partner with ADHD, which surfaced during the analysis of the empirical data, also demonstrate the complexities of their experiences. The main and subordinate categories interact and intertwine while forming the basis for subsequent

categories. The interviewees recounted those events that are most significant from their perspective, giving them individual meanings and significance.

It can be inferred from the narratives that any relationship with a partner who has ADHD is challenging, as it is fraught with symptoms of the disorder. Individual interpretations of the experiences showed that for some of the respondents, a relationship with a partner with ADHD is exciting. The participants surveyed emphasise that curiosity about the world, openness to new experiences, and spontaneity in action serve as allies in building a relationship that they find passionate, intriguing and unpredictable. The narrators interpret this as a *breath of fresh air* in the relationship, which keeps the relationship dynamic and causes some of the women to enjoy a state of constant infatuation. These positive emotions were evident during the study. The respondents, when reconstructing their experiences, smiled and cited examples of spontaneous trips, night walks or meals eaten in *forbidden* but beautiful places. Although the signs of the disorder are occasionally bothersome, some women feel that they help make relationships more attractive and cause partners to discover each other again and again. For some of the narrators, ADHD symptoms are an asset that makes a relationship interesting, satisfying and full of surprises. The shared passions and interests of the narrators seem particularly attractive, as they have started doing water and winter sports themselves, skydiving, doing a motorcycle course, etc., thanks to their ADHD partners' experimentation and search for sources of adrenaline. They read their partners' extreme interests, which are partly attributable to ADHD, as creativity and ingenuity develop and cement the relationship. Shared passions and interests bring the partners closer and make the relationship more attractive, fostering intimacy and strengthening the bond between them. However, not all the narrators view their partner's behaviour positively. For some women, the behaviours presented are a manifestation of irresponsibility and a man's focus on his own needs. The interviewees do not seem to understand such behaviour, which they feel is selfish and forces them to take responsibility for the relationship and family. It can be assumed that the lack of women's awareness of ADHD leads to criticism of the needs of partners with this disorder.

Some respondents describe their relationship with their partner with ADHD as **sufficiently good**. This category includes, first and foremost, the

women's acceptance of the symptoms of the disorder and their understanding of their partner's undesirable behaviour resulting from ADHD. The authors of the biographies emphasise the importance of acceptance in the relationship and of the efforts made by partners, who often fail by not keeping their word and forgetting important things. Understanding the difficulties faced by the respondents' partners is, as perceived by the women, a great support for the men and proof of faith, trust and love. According to the narrators, this mobilises some partners to strive to ensure that the symptoms of the disorder do not dominate and hinder the relationship. Through the therapy undertaken, partners with ADHD work to be able to control the behaviour that disrupts harmony and balance in the relationship, but most importantly, adapt the dominant symptoms of the disorder. The narrators perceive and appreciate these efforts, supporting their partners in therapy and avoiding criticism of undesirable behaviour. There is a unique relationship between the women and their partners, based not only on understanding but also on support, which is founded on mutual trust, love and patience. It can be concluded from the statements of the respondents that partners with ADHD appreciate the attitudes of the women, which reinforces their pursuit of quality relations and well-being in the relationship.

Trust, care, empathy, and display of affection, as well as patience, understanding, and support, are essential for a **domestic partnership**. The authors of the biographies interpret it as responsibility, respect, honouring each other's needs, interests and sincerity. Shared responsibility in a relationship is of great importance to the narrators. They are aware that sometimes fulfilling the responsibilities of starting a family or having offspring is very difficult for men with ADHD. However, it is clear from the stories that the partners' commitment and their work to ensure that ADHD symptoms do not dominate the relationship leads to flexibility in sharing responsibilities. It can be inferred from the narrator's statements that these are stable and harmonious relationships, which they care about and put effort into together with the men. Mutual recognition of each other's needs and the ability to compromise in difficult or conflicting situations are important building blocks for the relationship and are a testimony to love and respect. It can be concluded from the women's narratives that they experience some difficulties resulting from their partners' ADHD, but joint efforts and understanding strengthen

the relationship, making it even more lasting. A positive and accepting relationship triggers deposits of joy, excitement and love in people with ADHD. Robertson stresses that *adults with ADHD like to make small and large gestures of love to make their partner happy. They go to incredible lengths to make their partner feel loved, cared for, prioritised and happy because they want to be the best for their loved one.* (2023, p. 72).

The analysis of the narratives demonstrates that some of the women experience an **exhausting** relationship, which they interpret as loneliness in the relationship, a feeling of being abandoned by the partner to deal with all the issues and a lack of commitment to improving the relationship. The authors of the biographies are convinced that ADHD symptoms contribute to constant arguments and disagreements, which is confirmed by previous empirics: people with ADHD report higher levels of conflicting, hostile behaviour toward their partners (Bruner et al., 2015). The lack of dialogue and unwillingness to solve problems on the part of partners with the disorder is interpreted by women as a lack of love and commitment to the relationship. The distancing, lack of dialogue and reluctance to face problems cause severe stress for the women and lead to feelings of loneliness in maintaining the relationship. The indifference of partners with ADHD towards the participants in the study, their lack of understanding and intimacy, as well as many hurtful behaviours, all lead to women's lack of trust in their partners. The loneliness of the interviewees intensifies irresponsibility on the part of men. The stories shared by the respondents show that it takes on different dimensions. Starting from personal irresponsibility, through irresponsibility concerning children and family, to economic irresponsibility. The increased vigilance of the women interviewed and responsibility for multiple matters are a heavy burden for the women interviewed and lead to burnout in the love relationship. These findings are in line with the conclusions reached by other researchers (Resnick, 2005; Goldstein et al., 2014; Ben-Naim, Marom, Krashin, et al., 2017) who emphasise that the symptoms of ADHD negatively affect the person who experiences it, but also cause great harm to the spouse.

Loneliness in a relationship, partners' distancing from each other, and lack of commitment lead to burnout. According to the respondents, its signs include lack of intimacy and affection, not spending time together, not talking about the

relationship, and not being willing to solve problems. Analysis of the narratives shows how difficult these experiences are for women who still hold feelings of love for their partners. Lack of efforts to improve the relationship, as well as no signs of commitment to maintain it, is a difficult emotional experience for women. These difficult experiences are exacerbated when partners abuse alcohol as a result of their own failures. The respondents speak of feeling helpless and powerless in the face of their partner's conduct, which frequently also turns to aggressive behaviour. These parts of the narrative were particularly difficult and showed the respondents' sense of embarrassment and frustration. One might get the impression that the authors of the biographies blame their partner's behaviour on *illness*, and are aware that aggression is a consequence of impulsiveness. Empirical studies show that frequent conflicts in a relationship stem from a lack of intimacy and alcohol and drug abuse, followed by violent behaviour (Kooij, 2018). The interviewees of the biographies did not mention drug use by their partners but raised the issue of sexuality in the relationship. It is very important to the female interviewees, but at the same time, it is a delicate subject. The indifferent attitude of the partners towards the women is an additional burden on the relationship. The objectification of sexual intercourse, and thus of women, leads to shame, disappointment and bitterness. Furthermore, in the opinion of the interviewees, the lack of this closeness contributes to the lack of sexual intimacy and low satisfaction in this sphere, which is confirmed by the study of Ben-Naim, Marom, Krashin et al. (2017). Men's behaviour contributes to burnout of affection and the breakdown of relationships.

Analysis of empirical material shows the entire spectrum of different experiences, feelings and interpretations of neurotypical women. Some authors of the biographies revealed, through their accounts, difficult experiences linked to impulsiveness, hyperactivity, disorganisation of everyday life, and emotional overload. Other respondents interpreted their relationship with a partner with ADHD as positive, exciting, authentic, and satisfying. These individual meanings assigned to personal experiences show the internal diversity of male behaviour and different images of ADHD: behavioural hyperactivity (impulsiveness in action, physical hyperactivity, tendency to engage in risky behaviour), cognitive hyperactivity (difficulty in concentrating, impulsiveness in decision-making, difficulty in planning daily tasks), and emotional

hyperactivity (difficulty in controlling emotions, intense emotional reactions, frequent mood swings, and susceptibility to stress).

The study offers the opportunity to draw cautious conclusions that cannot be generalised, but may contribute to introducing changes in educational practice:

- there is a need for individual therapy for a person with ADHD, as impulsive behaviour, characteristic of persons with ADHD, can significantly affect the quality of partner relationships and everyday functioning. It is, therefore, reasonable to use cognitive behavioural therapy (CBT), which effectively supports the regulation of emotions, the development of self-control skills, and the improvement of executive functioning;
- there is a need for relational therapy (for couples or family), because ADHD does not exclusively affect the individual but shapes the dynamics of the entire relationship. Therefore, couples therapy or systemic therapy can be particularly helpful in addressing communication issues, understanding each other's needs, and negotiating boundaries and roles within the relationship;
- there is a need for education and coaching for partners of persons with ADHD, which will contribute to raising the awareness of female/male partners of persons with ADHD about the specificity of this disorder, but also about the functioning of the relationship itself. Such education can be provided in the form of training sessions, partner workshops, or relational coaching focused on building strategies for mutual functioning;
- there is a need for *depathologising* ADHD through the development of guides, training sessions and courses on living with a person with ADHD, and on living in a relationship affected by ADHD. They could serve as a kind of *user manual* for relationships, not in order to simplify complexity, but to offer specific, everyday strategies to support the quality of life for both parties;
- there is a need for interdisciplinary activities combining therapy, education and coaching, which would consequently support persons with ADHD in regulating their behaviour, and enable their partners to develop relational skills.

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ENDNOTES

- ^[1]ADHD is a developmental self-control disorder that is found across all cultures and ethnic groups (Barkley, 2020). It is defined differently in the literature, depending on the concepts adopted. The acronym ADHD is used globally, in the ICD-11 Classification (International Statistical Classification of Diseases and Related Health Problems) it stands for Attention Deficit Hyperactivity Disorder. In the DSM-V (Diagnostic and Statistical Manual of Mental Disorders) Classification, it still functions as ADHD (Musiałowska, 2023).