The power of podcasts

How women with ADHD are finding understanding, connection, and hope

About 7 million women in the United States have ADHD. But for decades, ADHD research has focused almost entirely on young boys.

Women and girls with ADHD are chronically underdiagnosed, misdiagnosed, and dismissed. And in a health care system where women's symptoms have historically been written off as "emotional" or "psychosomatic," many women with ADHD are left to search for answers largely on their own.

The rate of new ADHD diagnoses among U.S. women ages 23–49 nearly doubled between 2020 and 2022. But a diagnosis alone doesn't fill the gaps in understanding, community, or day-to-day support.

This study set out to understand where women with ADHD are turning instead — and what they're finding when they get there. Understood conducted the international study with Torrens University Australia. It's the first study of its kind.

Researchers surveyed 424 women with ADHD who listened to ADHD Aha! and The ADHD Channel for Women (formerly MissUnderstood). They did in-depth interviews and journal submissions with 36 of these women. The goal was to explore the role of podcasts in health literacy, self-perception, and thriving.

Podcasts turned out to be more than entertainment. Participants used them as important resources for getting information, sharing experiences, and finding emotional support. In many cases, podcasts helped fill gaps left by the formal health care system.

Key takeaways

1. Women with ADHD have been left behind by traditional systems.
2. Podcasts help women finally understand themselves.
3. Podcasts create connection, and connection changes everything.
4. Podcasts move women from coping to thriving.
5. Women trust podcasts as a credible health resource.

Insights

1. Women with ADHD have been left behind by traditional systems.

ADHD can have a big impact on women's lives. But women with ADHD are often overlooked during diagnosis.

That's because ADHD research has focused almost entirely on studies of young adolescent boys, and the diagnostic criteria reflect that.

ADHD often looks different in girls. The symptoms tend to be less disruptive and more internalized. They show up as inattention, emotional dysregulation (trouble managing emotions), and perfectionism. That's different from the hyperactivity that clinicians are trained to look for. So it's easy for schools and clinics to miss the signs, and many do for years.

The scale of this gap is structural and global. For many adults, getting a formal ADHD diagnosis and accessing treatment is a slow, expensive process. There are often long waiting lists and high costs.

Lack of accessibility is a global crisis. Service gaps reach 90% in low-resource settings for some health conditions and disorders. And high-income nations face overcrowded waiting lists as demand for care surges.[1] These systemic constraints interact with gendered diagnostic bias. That means that women, whose symptoms are already less likely to be recognized, face compounded delays.

The consequences accumulate over a lifetime. Women spend years in a fragmented health care system. They're often told that their experiences don't qualify, that their struggles aren't real, or that ADHD is simply not something women have. The result is that when women get a diagnosis, if they ever do, they often don't feel relief. Instead, they feel a complicated mix of validation and grief for the years lost without support.

> I spent a life not knowing that I was either ADHD or ASD.... Went to some psychiatrists, went to some doctors and then they said, 'Oh no, you cannot be ADHD. This is, uh, kid stuff. Oh no, you're a woman. You cannot have ADHD.'
>
> —A translator from Brazil diagnosed at age 47 after feeling different all of her life

2. Podcasts help women finally understand themselves.

For many women with ADHD, a diagnosis opens a door, but it doesn't hand them a map. Understanding how ADHD actually works in their lives and why they experience the world the way they do is something they often have to piece together on their own. Podcasts, it turns out, are filling that gap in a meaningful way.

This need for self-directed understanding is closely tied to broader gaps in health literacy and post-diagnosis support. Research shows that health literacy combined with access to clear health information helps people feel confident understanding symptoms and taking action.[2]

Women who seek out health information are nearly five times more likely to advocate for themselves. Yet many women report leaving clinical encounters without enough explanation or guidance.[3] Podcasts help fill this void. They turn complex clinical ideas into relatable stories, helping listeners make sense of their symptoms in ways the formal health care systems often don't.

Among our study participants, 95% said that podcasts helped them understand the ways their ADHD affects them. Several women described feeling relieved when they heard explanations that reflected their own experiences. Things that had once felt confusing, isolating, or personal became easier to understand in the context of ADHD. In fact, 94% said that listening had a positive impact on how they view themselves. And 73% said they no longer felt ashamed of the challenges they face due to ADHD.

> I think I was embarrassed or like felt ashamed of it … it felt like it was saying there was something wrong with me … [podcasts helped me be] less judgmental or more accepting that it's like you're not alone.
>
> —A 30-year-old PhD student from the United States who was diagnosed after struggling in her doctoral program

3. Podcasts create connection, and connection changes everything.

Many of the women in this study had spent years navigating their ADHD in isolation. They were convinced that their struggles were unique to them — or worse, evidence that something was fundamentally wrong with who they were. Podcasts broke that isolation open.

This sense of connection is especially important given the barriers many women face. Structural and socioeconomic barriers often limit access to in-person support networks or specialized care. In the United States, these barriers are becoming more common. They include:

- Not knowing where to get care
- Time constraints due to dependent care or insufficient paid time off
- Lack of transportation
- Long distances to appointments

These barriers mean people with fewer resources often go without the mental health care they need.[4]

In this context, podcasts act as an accessible, low-cost alternative for social learning and validation. They give women a way to find shared experiences and community without needing to navigate these systemic obstacles.

Among our study participants, 92% said that podcasts helped them feel more connected to other women with ADHD. For many, this was the first time they had encountered others who shared their experiences.

> **If you feel like you're alone, then you feel like you're the wrong one, but if you're not alone, then … you're not the wrong one. You might be different, but there's nothing wrong about that.**
>
> —An aspiring ADHD coach from Germany diagnosed at age 35 after seeing social media posts about women with ADHD

4. Podcasts move women from coping to thriving.

Validation and community are powerful on their own. But for the women in this study, podcasts went further. Podcasts gave them the tools, the hope, and the sense of meaning to move from simply managing their ADHD to genuinely thriving with it.

This shift is supported by emerging evidence that podcast-based interventions can improve knowledge retention and engagement.[5] They can even improve mental health outcomes, reducing stigma and increasing mindfulness.[6]

Study participants said the podcast format also aligns well with the attentional needs of people with ADHD. Podcasts are portable, flexible, and often segmented into digestible episodes. This makes podcasts behaviorally actionable, helping listeners to translate insights into everyday strategies in real time.

In our study, 86% of participants said that podcasts gave them hope for their future. And 72% said that listening helped them develop a sense of what makes their life meaningful. Much of this came through the practical, accessible nature of podcast content. Participants described the value of "bite-size information" and "practical hacks." They appreciated the concrete steps they could take immediately, delivered in a format that worked for the way their minds work.

> I could just listen to [podcasts] in my car and then go, 'Yep, that's something I could do today. I'm going to try that.' And then ... I just felt affirmed. Validated too ... because I heard myself in all the things that were being talked about.
>
> —A 42-year-old mother from Canada who became aware of her ADHD after struggling with motherhood and navigating her own child's diagnosis

5. Women trust podcasts as a credible health resource.

One of the most striking findings of the study is this: Women with ADHD trust podcasts more than they trust the formal systems designed to serve them. This pattern of trust can be understood in the context of broader dissatisfaction with and barriers to health care access and delivery.

Many adults face long delays, limited interaction time with providers, and high costs. In the U.S., annual ADHD-related costs can reach up to $3,500.[7] These barriers, combined with diagnostic ambiguity and co-occurring conditions, often leave patients without clear guidance after they're diagnosed.

Podcasts are different. They offer consistent, on-demand access to expert-backed information that feels personally relevant. They help bridge the gaps left by overstretched health care systems.

In our study, 94% of women said they increased their ADHD expertise through podcasts. That's higher than social media (86%) and mainstream media (85%).

When it comes to trust, podcasts pull even further ahead: 72% of women trust podcasts to provide accurate health information. Compare that to 56% of women who trust mainstream media and only 47% who trust social media.

Participants described podcasts as supplementing, and sometimes compensating for, information they never received after their diagnosis. For many, conversations with medical providers left them with more questions than answers. Podcasts filled that silence with expert-backed, story-driven content that met them where they were.

> I did find [myself] way more empowered to have those conversations about medication after listening to all sorts of podcasts about ADHD medication.... I think if I hadn't heard that, I would have thought, 'Oh, I guess I'm just going to be broken forever.'
>
> —A woman from the United States diagnosed at age 37 after experiencing a period of burnout

Why this matters

Women with ADHD have spent too long navigating a world and a health care system that wasn't built with them in mind. This study shows that podcasts are stepping into that gap in a way that is both meaningful and measurable: Helping women understand themselves, find community, and build a path toward thriving.

Podcasts aren't a replacement for clinical care. But when that care falls short, podcasts are already there, accessible and trusted.

Implications for supporting women with ADHD

The findings from this study carry implications that extend well beyond podcasting.

For women with ADHD

Podcasts represent one of the most accessible, scalable, and low-barrier entry points to self-understanding, community, and forward momentum. At a moment when health care systems are still catching up to the reality of ADHD in women, podcasts are already there.

For health care providers

There is an opportunity to actively point patients toward validated, expert-backed content as part of post-diagnosis support. For women who leave appointments with a diagnosis and little else, a trusted podcast recommendation could meaningfully bridge this gap.

For researchers

This study recruited 424 women with ADHD, far exceeding expectations. This demonstrates that women with ADHD not only want to be studied. They also want to contribute and are grateful for the opportunity to be heard. Researchers should engage more with women with ADHD to close the gaps that exist in the literature.

For content creators and nonprofits

When expert-backed information is delivered through human storytelling, podcasts can function as a genuine supplemental intervention. The combination of education and empathy isn't incidental to the impact. It *is* the impact.

Summary

Women with ADHD have been overlooked, underdiagnosed, and underserved for too long. This study offers clear evidence that connection, understanding, and accessible tools can shift that trajectory. Podcasts are already doing this work. The question now is how we build on it.

Connect with us

We're always looking to collaborate and partner with others on our research. Reach out to our team at evaluation@understood.org to learn more.

About the study

Understood and Torrens University Australia collaborated during 2025 to conduct an international, mixed-methods study to explore the role of podcasting in the lives of women with ADHD. Participants were listeners of Understood's *ADHD Aha!* and The ADHD Channel for Women (formerly MissUnderstood) podcasts. The study employed an explanatory sequential design, beginning with a survey that was conducted online internationally by Understood.org from March 12 to May 15, 2025, among 424 adults who identify as women ages 25+, of whom 384 have been diagnosed with ADHD and 40 have symptoms of ADHD. The sampling precision of the survey is measured by using a Bayesian credible interval. The full sample data has a 95% credible interval of approximately 45.7% to 54.3%, or about ±4.3 percentage points around the 50% estimate.

Following the survey, between July and October of 2025, participants were invited to complete a 60- to 90-minute interview or a series of journal entries. A total of 260 women indicated that they had an interest in participating, and 36 of these women completed an interview or journal. Specifically, 29 women completed an interview and 7 completed a journal (video or written submission). The data collected allowed us to contextualize and further understand the survey results, providing us with a larger framework for understanding the experiences of women with ADHD.

The research team, all of whom identify as neurodivergent, designed the study with neuroinclusion at its core. All materials underwent accessibility review, and participants were offered multiple ways to engage, reducing cognitive load and supporting diverse needs. The collaboration required navigating cross-sector regulatory frameworks, a 14-hour time difference, and the particular ethical considerations of working with a vulnerable population, all of which strengthened rather than limited the study's rigor and reach.

References

1. Patel, V., Saxena, S., Lund, C., Thornicroft, G., Baingana, F., Bolton, P., ... & Unützer, J. (2018). The Lancet Commission on global mental health and sustainable development. *The Lancet*, *392*(10157), 1553-1598.
2. Dean, C. A., Geneus, C. J., Rice, S., Johns, M., Quasie-Woode, D., Broom, K., & Elder, K. (2017). Assessing the significance of health information seeking in chronic condition management. *Patient Education and Counseling*, *100*(8), 1519-1526.
3. Wiltshire, J., Cronin, K., Sarto, G. E., & Brown, R. (2006). Self-advocacy during the medical encounter: Use of health information and racial/ethnic differences. *Medical Care*, *44*(2), 100-109.
4. Mojtabai, R. (2021). US health care reform and enduring barriers to mental health care among low-income adults with psychological distress. *Psychiatric Services*, *72*(3), 338-342.
5. Kakhki, S. K., Aghebati, N., & Moonaghi, H. K. (2025). Exploring the impact, challenges, and integration of podcasts in patient education: a systematic review. *BMC Medical Education*, *25*(1), 690.
6. Carrotte, E. R., Hobern, B., Wu, A., Groot, C., Hopgood, F., Blanchard, M., & Phillips, L. (2025). The impact of podcast-based interventions on mental health: A systematic scoping review. *PLOS Mental Health*, *2*(3), e0000272.
7. Barkley, R. A. (2020). The high economic costs associated with ADHD. *The ADHD Report*, *28*(3), 10-12.

Understood®