

Experience of Loneliness, Well-Being, and Psychological Distress in Adults with ADHD: A Qualitative Study from the Life Cycle

Vivencia de soledad, bienestar y malestar psicológico en adultos con TDAH: un estudio cualitativo desde el ciclo vital

Vivência de solidão, bem-estar e sofrimento psicológico em adultos com TDAH: um estudo qualitativo a partir do ciclo vital

 Luis Mario Castellanos-Alvarenga¹

 Felipe Johnson-Muñoz²

 Catalina Isabel Troncoso-Herrera²

 Paula Inostroza-Rosas²

¹ Universidad Santo Tomás, Chile; Instituto Especializado de Profesionales de la Salud, El Salvador

² Universidad Santo Tomás, Chile

Received: 08/12/2025

Accepted: 02/06/2026

Correspondence

Luis Mario Castellanos-Alvarenga
lcastellanos@santotomas.cl

How to cite: Castellanos-Alvarenga, L. M., Johnson-Muñoz, F., Troncoso-Herrera, C. I., & Inostroza-Rosas, P. (2026). Experience of Loneliness, Well-Being, and Psychological Distress in Adults with ADHD: A Qualitative Study from the Life Cycle. *Ciencias Psicológicas*, 20(1), e-4794.
<https://doi.org/10.22235/cp.v20i1.4794>

Data availability: The data set supporting the results of this study is not available.

Funding: This research was self-funded.

Conflicts of interest: The authors declare no conflicts of interest.



Abstract: Current studies indicate that adults with Attention Deficit Hyperactivity Disorder (ADHD) are more vulnerable to interpersonal difficulties and experiences of loneliness, with a potential impact on their psychological well-being. However, in Chile, the evidence that allows for a deeper understanding of how loneliness is shaped and experienced throughout the life cycle in this population remains limited. This study aimed to explore the perception of loneliness and the lived experience of psychological well-being and distress among adults diagnosed with ADHD across different stages of their life cycle (childhood, adolescence, and adulthood). The research followed a qualitative approach with a phenomenological design. In-depth interviews were conducted and analyzed using open, axial, and selective coding. The findings reveal that maladaptive attachment styles, as described by the Dynamic-Maturational Model (DMM), configures impaired interpersonal trajectories that lead to a significant experience of loneliness, which manifests as sadness, anxiety, and feelings of frustration. It is concluded that loneliness constitutes a central dimension of psychological distress in this population group, opening new possibilities for clinical interventions.
Keywords: ADHD; loneliness; psychological distress; attachment relationships; Dynamic-Maturational Model

Resumen: Estudios recientes indican que las personas adultas con Trastorno por Déficit de Atención e Hiperactividad (TDAH) presentan mayor vulnerabilidad a dificultades interpersonales y a experiencias de aislamiento, con potencial impacto en su bienestar psicológico. Sin embargo, en Chile la evidencia que permita comprender en profundidad cómo se configura y se experimenta la soledad a lo largo del ciclo vital en esta población sigue siendo limitada. Este estudio tuvo como objetivo explorar la percepción de soledad y la vivencia del bienestar y malestar psicológico de adultos diagnosticados con TDAH en cada una de las etapas de su ciclo vital (infancia, adolescencia y adultez). La investigación fue cualitativa con diseño fenomenológico. Se realizaron entrevistas en profundidad, analizadas mediante codificación abierta, axial y selectiva. Los resultados muestran que estilos vinculares desadaptativos, descritos por el Modelo Dinámico-Maduracional (MDM), configuran trayectorias interpersonales deterioradas que dan lugar a una significativa vivencia de soledad que se traduce en cuadros de tristeza, ansiedad y percepción de frustración. Se concluye que la soledad es una dimensión central del malestar psicológico en este sector de la población, proyectando nuevas posibilidades de abordaje clínico.

Palabras clave: TDAH; soledad; malestar psicológico; relaciones vinculares; Modelo Dinámico Maduracional

Resumo: Estudos recentes indicam que adultos com Transtorno de Déficit de Atenção e Hiperatividade (TDAH) apresentam maior vulnerabilidade a dificuldades interpessoais e a experiências de isolamento, com potencial impacto em seu bem-estar psicológico. No entanto, no Chile, as evidências que permitem uma compreensão mais aprofundada de como a solidão se configura e é vivenciada ao longo do ciclo vital nessa população ainda são limitadas. Este estudo teve como objetivo explorar a percepção de solidão e a vivência de bem-estar e sofrimento psicológico de adultos diagnosticados com TDAH em cada uma das etapas de seu ciclo vital (infância, adolescência e idade adulta). A pesquisa foi qualitativa, com delineamento fenomenológico. Foram realizadas entrevistas em profundidade, analisadas por meio de codificação aberta, axial e seletiva. Os resultados mostram que estilos de apego desadaptativos, descritos pelo Modelo Dinâmico-Maturacional (MDM), configuram trajetórias interpessoais deterioradas que dão lugar a uma vivência significativa de solidão, traduzida em quadros de tristeza, ansiedade e percepção de frustração. Conclui-se que a solidão é uma dimensão central do sofrimento psicológico nesse segmento da população, projetando novas possibilidades para abordagem clínica.

Palavras-chave: TDAH; solidão; sofrimento psicológico; relações de apego; Modelo Dinâmico-Maturacional

Attention-Deficit/Hyperactivity Disorder (ADHD) is among the most prevalent disorders worldwide, with an estimated prevalence of approximately 5 % in school-aged children (Fullen et al., 2020) and 6.8 % in the adult population (Song et al., 2021). In Latin America and Africa, it is estimated that around 36 million people live with this condition, and fewer than one quarter receive adequate treatment (Llanos et al., 2019). In Chile, the mean prevalence in children and adolescents reaches 10 % (Bello, 2022). ADHD is characterized by three core symptom dimensions: inattention, hyperactivity, and impulsivity (American Psychiatric Association, 2020). These behavioral and cognitive alterations involve mechanisms of neuronal plasticity and epigenetic factors (Eiris-Puñal & Monteagudo-Saavedra, 2025), which negatively affects academic, occupational, and social functioning, resulting in significant impairment in daily life (Varma & Wiener, 2020). Regarding its continuity across the lifespan, between 55 % and 66 % of cases diagnosed in childhood continue to exhibit symptoms in adulthood (Yadav et al., 2021).

Scientific evidence on ADHD has largely focused on childhood and adolescence. During childhood, research has primarily addressed cognitive difficulties and higher-order executive functions, such as emotional and behavioral regulation (Coello-Zambrano & Ramos-Galarza, 2022), examining their impact on school functioning (Aravena et al., 2025). In the social domain, this diagnosis is associated with negative consequences for peer interactions, leading school-aged children to develop unstable interpersonal relationships (Lee et al., 2021) and to develop a critical self-evaluation shaped by the social demands of classmates and teachers (Labrador et al., 2019).

During adolescence, studies have focused on cognitive aspects and deficits in social cognition (Ospina-Ospina et al., 2024), along with behavioral alterations that increase the risk of substance use, particularly alcohol (Salazar et al., 2023). In addition, aggressive attitudes and violations of social norms have been reported as consequences of emotional dysregulation and poor impulse control (Soto & Solovieva, 2022). Moreover, scientific evidence indicates that during childhood and adolescence there is an increased propensity to develop externalizing disorders such as oppositional defiant disorder (Calderón et al., 2024) and conduct disorder (Smit et al., 2020), which further exacerbate social impairment (Fernández et al., 2020) and frustration due to adaptive difficulties (Grønneberg et al., 2023).

In adults, research has addressed occupational instability, substance misuse, and interpersonal problems, which undermine quality of life and are associated with anxiety and depressive symptoms (Mazurkiewicz & Marcano, 2021). Social discrimination has also been documented (Ginapp et al., 2023), highlighting the need to promote strategies that strengthen self-esteem and reduce social stigma (Nordby et al., 2023). Varma and Wiener (2020) further argue that adults with ADHD perceive their own behaviors as bothersome to others, which may contribute to withdrawal and social isolation. In this regard, Wiener (2023) indicates that interpersonal impairment in adulthood is related to a significant reduction in social skills. Accordingly, Björk et al. (2023) note that the primary suffering of adults with ADHD is “the experience of loneliness. They feel alone in private relationships and in supportive relationships with caregivers” (p. 172).

In this context, ADHD entails substantial social impairment across the different stages of the lifespan, with psychological implications related to the experience of loneliness (Jong et al., 2024). Loneliness does not necessarily mean being physically alone; rather, it refers to feeling alone. This

feeling is negative and should be distinguished from “chosen solitude,” a voluntary and calm state of being alone, and from “social isolation,” which refers to an objective condition characterized by the absence or scarcity of meaningful ties (Barjaková et al., 2023). In this regard, loneliness involves unmet social needs, such as the unavailability of support and help networks, as well as the lack of a supportive space in which the person can feel sustained and backed (Sánchez & Fouce, 2024). As individuals experience loneliness, they may perceive their environment as threatening, which leads them to adopt negative anticipatory expectations in interpersonal contexts, predisposing them to withdrawal and isolation (Rodríguez et al., 2020). Similarly, Smit et al. (2020) emphasize that when individuals feel lonely, they may experience affective disturbances, including depressive and anxiety symptoms, among others.

Studies suggest that adults with ADHD may experience heightened perceptions of loneliness that increase the risk of psychological distress, thereby affecting mental health (Quenneville et al., 2022). However, few studies have focused on adulthood, underscoring the need to expand ADHD research in this stage of the lifespan (Amaral et al., 2021; Lopes & Baião, 2022; Torres, 2022). In particular, Dobrosavljevic et al. (2023) emphasize the lack of specific criteria in current diagnostic manuals to capture the presentation of ADHD in adulthood, which deprives a substantial proportion of this population of an appropriate diagnosis.

Given that loneliness refers to a relational aspect of human experience, the Dynamic-Maturational Model (DMM) (Crittenden & Ainsworth, 1989) offers a framework for understanding it as a deterioration of interpersonal relationships resulting from maladaptive attachment patterns. The DMM describes three types of attachment relationships: avoidant attachment (Type A), secure attachment (Type B), and coercive attachment (Type C) (Zagmutt, 2014). Each reflects affective bonds established with early caregivers, which give rise to interpersonal styles that, across development, extend to broader social contexts (e.g., school, friendships, work, romantic relationships, and family) (Lecannelier, 2020).

Crittenden et al. (2014) argue that a “coercive” attachment style may account for the three core symptom dimensions of ADHD, and even for comorbid externalizing disorders that entail negative social consequences (Milozzi, 2022). Within the DMM, inattention is described as an adaptive strategy whereby the individual, feeling threatened by an unidentifiable danger in the environment, attentively withdraws toward an internal sense of affective distress as an attempt to disengage from environmental uncertainty (Crittenden et al., 2024).

Hyperactivity and impulsivity, in turn, are understood as highly reactive interpersonal behavioral dispositions in individuals whose emotional discrimination is impeded (Crittenden et al., 2014). Along these lines, Fernández et al. (2020) report that children with this disorder display impulsive behaviors and excessive motor activity, such as leaving their seats without permission and interrupting classmates, thereby hindering their social integration. Likewise, Laslo-Roth et al. (2021) note that parents and teachers describe these children as socially isolated and as potential lonely adults, with a high propensity to experience psychological distress. In adolescents, a weak sense of peer social support may emerge due to difficulties tolerating frustration, which undermines their ability to establish interpersonal relationships (Bachur et al., 2020).

In adults with ADHD, this maladaptive attachment pattern may persist, constituting a barrier to providing emotional support and understanding others’ needs, and leading them to be perceived as distant and disengaged (Rokeach & Wiener, 2020). Affective relationships also tend to be shorter in duration, as individuals may experience dissatisfaction with their partners (Ben-Naim et al., 2017). In the occupational domain, difficulties in time management, task organization, and prioritization have also been reported, contributing to interpersonal impairment with coworkers and supervisors (Feuermaier et al., 2021).

From the DMM perspective, symptom dimensions are understood as part of an attachment style predominantly driven by emotion, which can give rise to impaired interpersonal trajectories in adulthood. Within this framework, perceived loneliness in adults with ADHD reflects deficits in security, protection, emotional regulation, and the satisfaction of basic needs, stemming from disruptive behavioral strategies that weaken attachment bonds (González, 2022). Therefore, examining their life-course trajectory may help elucidate how relational deterioration and loneliness increase the risk of psychological distress in this population (Kordahji et al., 2021).

Based on the ideas outlined above, the aim of this study is to explore perceived loneliness and the lived experience of psychological well-being and distress among Chilean adults diagnosed with ADHD, using a qualitative approach and considering each stage of their life course (childhood, adolescence, and adulthood).

Method

This study adopted a qualitative approach with a phenomenological design, which involves “determining what an experience means for the individuals who have it and whether they are able to provide a comprehensive description of it” (Creswell, 2017, p. 39).

Participants

Given that this was a qualitative study grounded in the phenomenological tradition, a criterion-based purposive sampling strategy was used so that participants would represent individuals who have experienced the phenomenon of interest and can describe it from their lived experience (Creswell, 2017; Creswell & Poth, 2024). The target population comprised adults residing in Temuco with an ADHD diagnosis. In Chile, there is no single, updated national registry that allows for an accurate estimation of the exact number of adults diagnosed with ADHD, particularly at the municipal or regional level, due to multiple diagnostic and care pathways (public and private sectors), the absence of mandatory reporting, and variability in diagnostic practices. Consequently, the population universe was not defined through a quantifiable sampling frame, but rather through an operational delineation based on inclusion and exclusion criteria, consistent with the interpretive aims of the phenomenological approach. Inclusion criteria were: being between 25 and 40 years old, having an ADHD diagnosis, and having adequate language proficiency to ensure comprehension of the interview questions and the ability to articulate subjective lived experience during the interview.

Regarding exclusion criteria, individuals with conditions that could introduce sources of psychological distress not primarily attributable to ADHD-related experiences were excluded, such as the presence of other mental health diagnoses unrelated to ADHD (e.g., schizophrenia, bipolar disorder, intellectual disability, or other severe conditions), in order to focus the analysis on loneliness experiences specifically associated with ADHD. Consistent with these criteria, participants were selected through a contact and prescreening process aimed at verifying eligibility and ensuring that participants could provide rich and relevant descriptions for phenomenological analysis. Recruitment was conducted through social media and public posters. Written informed consent was obtained from all participants, and anonymity and voluntariness were ensured.

The final sample comprised eight adults diagnosed with ADHD who resided in Temuco, with an even gender distribution (four men and four women) and ages ranging from 25 to 40 years. This characterization was considered relevant to the study aim, as it enabled the collection of narratives regarding the experience of loneliness and its expressions in psychological well-being and distress, retrospectively incorporating experiences attributed to different life-course stages (childhood, adolescence, and adulthood) from the participants’ current perspective.

Instruments

The research instrument was an in-depth interview conducted through a semi-structured format with open-ended questions, which facilitated the exploration of individual experiences and the subjective perception of the phenomenon under study. The interview guide addressed perceived loneliness, psychological distress, and aspects related to psychological well-being. Example questions included the following: “Could you tell me about an important experience in your life that you associate with ADHD?”, “How would you describe your experience of loneliness across different stages of your life?”, “Have you found it difficult to establish or maintain stable relationships with others?”, and “In which social contexts do you find it particularly difficult to cope with adverse situations?”

Instrument validation was conducted by submitting it to evaluation by three expert judges holding a PhD in Psychology, who completed an assessment form for the interview questions, indicating their relevance and providing suggestions for improvement. In addition, care was taken to formulate questions that did not presume psychological distress in participants’ experiences of loneliness.

Procedure

The study was approved by the University's Scientific Ethics Committee (Letter 42-MZS, Ethics Committee of Universidad Santo Tomás, Chile). The study was conducted in accordance with the recommendations of the American Psychological Association (2010) and adhered to the ethical principles of the Declaration of Helsinki (World Medical Association, 2013). Each participant completed a 45-minute in-depth interview to explore perceived loneliness and psychological distress within the study's theoretical framework. Interviews were audio-recorded, fully transcribed, and stored in anonymized form, ensuring participant confidentiality.

Data Analysis

Data analysis followed a thematic analysis approach aimed at identifying and organizing patterns of meaning within participants' narratives (Braun & Clarke, 2022). To support the analytic process, ChatGPT 3.5 (OpenAI) was used as an analytic assistant to: (a) propose and refine initial labels during open coding, (b) suggest groupings of codes into categories and subcategories during axial coding, and (c) support the naming and semantic refinement of axial categories and their interpretive integration during selective coding. This use of large language models in qualitative research has been described in recent methodological literature as a viable strategy to support coding and theme development, provided that its ethical and instrumental role is explicitly stated, process traceability is safeguarded, and human interpretation is preserved as the final criterion (Bijker et al., 2024; Morgan, 2023). The final results were strictly evaluated based on data familiarization and the researchers' knowledge of the theoretical framework, as recommended in qualitative data analysis guidelines (Reyes & Mejía, 2024). This process facilitated the interpretation of diminished psychological well-being through perceived loneliness in adults with ADHD.

Results

The results are presented by life-course stage (childhood, adolescence, and adulthood) and are organized into two interrelated dimensions: loneliness and psychological well-being/distress. As shown in Table 1, loneliness in childhood is shaped by disruptive behavior and social adjustment difficulties, differentiation from peers, and an ambivalent use of solitude as a self-regulatory refuge. These categories intersect with well-being/distress indicators such as attentional lability, a sense of non-belonging, and critical self-evaluation, constituting an early experience of difference and incomprehension that tends to establish a framework of affective vulnerability.

Table 1

Experiences of loneliness and psychological well-being/distress in childhood

Dimension	Category	Interpretive synthesis	Meaning unit
Loneliness	Disruptive behavior	Loneliness is intertwined with school maladjustment due to hyperactivity/impulsivity, which strains integration with peers.	"I couldn't stay seated for the whole class. I would get up... I was more disruptive" (P3, para. 2). "When I was seven, they took me to a psychologist because I had unusual behavior. I asked a lot of questions and I was very disruptive in class" (P7, para. 2).
Loneliness	Differentiation from peers	The lived experience of "not fitting in" and being different from the group becomes established, anticipating interpersonal distance.	"I was a very unpleasant person as a child, and then I would justify everything as 'freedom of speech' or things like that. In the end, I realized I started to end up alone" (P5, para. 6). "I was a lonely child; I read a lot..." (P8, para. 3). "I liked being alone" (P1, para. 8).
Loneliness	Emotional regulation	Loneliness also functions as a space for calm and self-regulation, linked to personal interests.	"My emotions were—particularly in my childhood—that I didn't know where I was headed; I didn't know what I wanted to do" (P5, para. 5). "In fact, my dad used to joke about it; he'd say, 'what a bad kid, don't play with him,' because deep down I was more mischievous or very restless" (P7, para. 4).
Loneliness	Affective ambivalence	A desire to be alone coexists with emotional conflict related to loneliness.	"Wanting to be alone. But also being in conflict with that... with that loneliness" (P2, para. 8). "To this day I remember a scene that was really strange. During recess I would stay in the classroom. I had no one to go outside with or to talk to. So, later you find yourself among classmates you've known your whole life, but you don't exist for them" (P6, para. 4).
Psychological well-being/distress	Attentional lability	Attentional/dissociative difficulties that affect performance and social participation.	"Attention was never my strong suit" (P3, para. 2). "And at school I remember very vividly not being present in class. I mean, being there in body, but not in spirit. And not having any clue what was going on" (P6, para. 2).
Psychological well-being/distress	Non-belonging	Feelings of difference and incomprehension; an early identity shaped by social devaluation.	"And my friend and I had everything planned—we were going to transfer to another school... that we were going to keep living on the planet we were on, Mercury, orbiting around. I didn't have anyone to ask for help with schoolwork" (P6, para. 3).
Psychological well-being/distress	Critical self-evaluation	Personal attribution of fault in response to relational losses; early questioning of identity.	"I ended up alone... 'I'm doing something wrong'" (P5, para. 6). "I wasn't a high achiever; it was always very hard for me to concentrate" (P8, para. 3).

As summarized in Table 2, loneliness becomes more consciously experienced and is integrated into identity construction, particularly through comparison with peers and the interpretation of one's own difference. At this stage, salient features include impaired emotional regulation, emotional loneliness, and solitude as a refuge, alongside interpersonal ambivalence that strains relationships. In parallel, indicators of psychological well-being/distress emerge, such as constrained autonomy,

persistent non-belonging, a search for validation, and heightened emotional lability, suggesting an increased risk of psychological distress associated with frustration and internalizing symptomatology.

Table 2

Experiences of loneliness and psychological well-being/distress in adolescence

Dimension	Category	Interpretive synthesis	Meaning unit
Loneliness	Identity construction	Identity is defined in contrast to peers; different interests and rhythms reinforce a sense of difference and loneliness.	"I was always ahead; I liked things that, at my age, I wasn't supposed to like" (P1, para. 12). "Only with those people—the outsiders—have we been able to talk about that shared experience" (P8, para. 4).
Loneliness	Impaired emotional regulation	Impulsivity/reactivity shapes decisions and interactions, increasing interpersonal friction.	"There's an impulsive component in decision-making" (P2, para. 5). "I must have been about 13 or 14 when that started happening—when I began to end up alone" (P5, para. 6).
Loneliness	Emotional loneliness	Loneliness becomes more consciously experienced and affectively marked (sadness, introspection).	"I started to feel what it was like to be alone" (P1, para. 9). "I was fully aware that I was alone. You could tell your classmates were doing their things and you were never included" (P6, para. 4).
Loneliness	Loneliness as a refuge	Voluntary withdrawal as emotional protection and reconnection with personal interests.	"I would take refuge in reading" (P1, para. 9). "In 11th and 12th grade I would sit in the back and shut myself away; I was alone with my headphones and did my own thing" (P7, para. 5).
Loneliness	Interpersonal ambivalence	Relationships are present but experienced as insufficient or affectively incomplete.	"You're not my real friends" (P2, para. 7). "But I was pretty invisible, and I think that was very good for me, but bad socially. It was really hard for me" (P8, para. 9).
Psychological well-being /distress	Constrained autonomy	Difficulty making agentic decisions; strong peer influence on behaviors and choices.	"They would tell me, 'okay, let's do this,' and I'd say, 'okay'" (P2, para. 16). "You tried to do things in order to fit in... it's not like you wanted to make a fool of yourself" (P6, para. 11). "Until I was about 14, it mattered a lot to me to meet their expectations (friends)" (P8, para. 16).
Psychological well-being /distress	Non-belonging	Heightened awareness of difference and of others' lack of understanding of the diagnosis.	"People who don't have this diagnosis don't understand it" (P3, para. 15). "I mean... I didn't have friends at school. I never had a good time at school. I never felt valued, and I've never gone back to my school" (P6, para. 5).
Psychological well-being /distress	Seeking validation	Need for external approval to sustain relationships and self-worth.	"That external validation became something very important" (P4, para. 14). "When, for example, I had to make decisions about something basic like buying clothes, say. I would ask a friend, 'Oh, friend, how do you think it looks on me?' And if she didn't answer, I don't know if I was able to just go ahead and buy it" (P3, para. 15).
Psychological well-being /distress	Emotional lability	Sadness/anxiety/frustration linked to goals and relationships; potential internalizing symptomatology.	"Frustration leads to something else—depression" (P3, para. 14). "I'd rather suppress my desire to spare myself the frustration" (P2, para. 13).

As shown in Table 3, loneliness tends to consolidate as a more structural experience, integrated into the individual's self-understanding, coexisting with regulatory deficits and with interpersonal and affective ambivalence. In terms of psychological well-being/distress, life frustration and persistent emotional lability emerge more clearly; however, processes of relational reappraisal (selective relationships) and identity reappraisal (greater self-acceptance) are also identified, which function as resources for psychological adjustment. Overall, adulthood reflects a coexistence between selective

stabilization of relationships and persistent distress, particularly in the form of anxiety, sadness, and frustration.

Table 3

Experiences of loneliness and psychological well-being/distress in adulthood

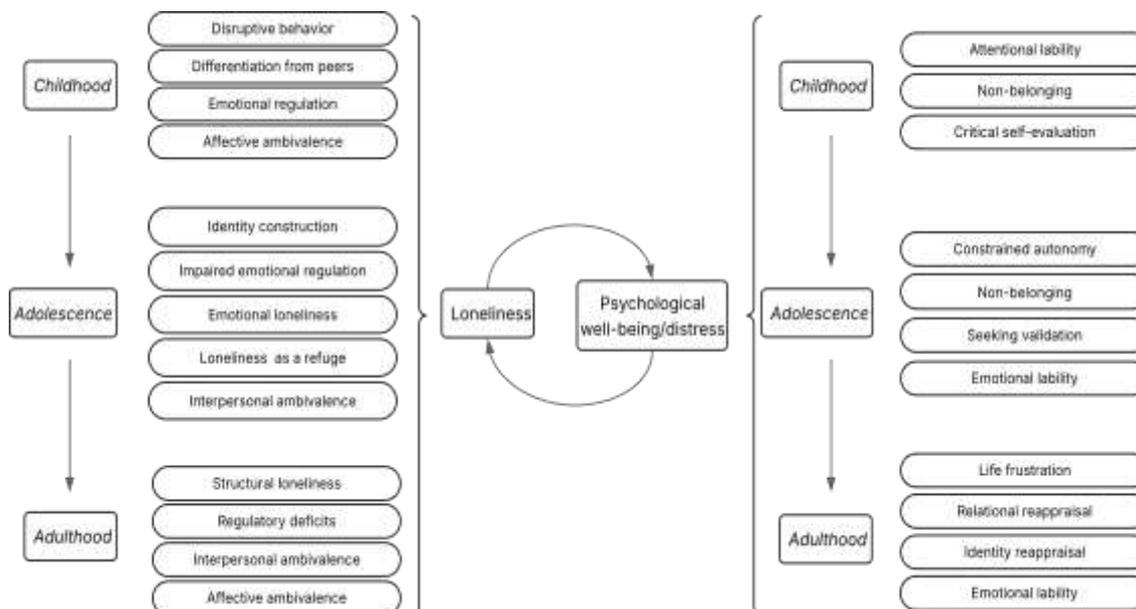
Dimension	Category	Interpretive synthesis	Meaning unit
Loneliness	Structural loneliness	Loneliness becomes normalized/habitualized and is integrated into the adult's self-understanding.	"Rather than being inconvenient or a major problem, it's more like you're used to it" (P2, para. 10). "So, maintaining some relationships over time is definitely an achievement for me, and I'd like it to continue. Maybe not with many people" (P6, para. 15).
Loneliness	Regulatory deficits	Intense affective states (anxiety/sadness) linked to the experience of loneliness persist.	"And if there isn't anxiety, I feel sad" (P1, para. 20). "I felt like I matured—I went from being a child or an adolescent to being a young adult, basically—when I developed the ability to be aware of my actions, of the consequences, and that many times I could hurt someone without realizing it... with a comment, for example" (P5, para. 7).
Loneliness	Interpersonal ambivalence	Coexistence of withdrawal, perceived social obligation, and a limited search for belonging.	"I don't hang out with anyone... forced to join the group" (P1, para. 14). "I feel I'm in the world, I know I'm part of the world, but only now, at around 30, I'm realizing which group in the world I belong to" (P7, para. 16).
Loneliness	Affective ambivalence	Loneliness can be experienced as relief and, simultaneously, as a source of distress.	"Being alone... it's still good" (P1, para. 21). "Yeah, it seems like they don't call me because they think I'm fine, because I don't say otherwise either, or, I don't know, a friend didn't invite me somewhere because, I don't know, I also haven't told her that I want that kind of thing" (P2, para. 21).
Psychological well-being /distress	Life frustration	Difficulty sustaining goals through intrinsic motivation; reliance on external regulators.	"There was a more external motivation... my son" (P2, para. 21). "So, I think ADHD can be really terrible. For example, it triggers these anxiety crises when you don't know where you leave things, and it's extremely stressful" (P8, para. 21).
Psychological well-being /distress	Relational reappraisal	Stabilization of selective relationships that help maintain balance, albeit within a limited social network.	"My relationship with my husband... with the few friends I have" (P6, para. 14). "So this has always basically been trial and error, like it is in all jobs and for everyone, but for me, functioning requires more work" (P4, para. 7).
Psychological well-being /distress	Identity reappraisal	Greater self-acceptance and integration of one's personal style, accompanied by a sense of satisfaction.	"I am who I am, and that gives me more satisfaction" (P3, para. 19). "I think it's really great to work alone. I like being alone. I can relate now—not successfully—with other human beings, but I'm not interested in popularity" (P8, para. 11).
Psychological well-being /distress	Emotional lability	Persistence of anxiety crises/sadness; in several cases, individuals seek clinical support.	"I had two anxiety episodes and a bit of depression" (P2, para. 11). "What bothers me more is the anxiety associated with the condition than the condition itself" (P4, para. 5). "But when I'm sad, it's no longer freedom—it becomes the loneliness of not having someone to talk to, everything is gray, and you feel that if you talk to someone you'll be a burden" (P6, para. 8).

Figure 1 provides a visual synthesis of how experiences of loneliness and psychological well-being/distress are configured and mutually reinforced across the life course in adults with ADHD. Results are displayed by developmental stage (childhood, adolescence, and adulthood), and the categories describing loneliness are presented alongside those representing deterioration or adjustment in psychological well-being. The central relationship between both domains is depicted as bidirectional, suggesting that loneliness not only emerges as a consequence of complex interpersonal trajectories but also becomes a factor that intensifies distress, while certain manifestations of distress further increase withdrawal and the experience of loneliness.

This representation helps clarify how, in participants' accounts, loneliness and psychological well-being/distress are categorically related and expressed differentially across life-course stages, in alignment with the findings summarized in Tables 1, 2, and 3.

Figure 1

Loneliness and psychological well-being/distress across the life course



Discussion

The findings are consistent with the postulates of the Dynamic-Maturational Model (DMM) (Crittenden et al., 2024), as participants' interpersonal relationships appear to be organized around a Type C "coercive" attachment style (Zagmutt, 2014). This pattern is characterized by a predominance of emotional information over verbal information (e.g., norms or rules) and by attentional withdrawal in contexts experienced as risky, linked to environments perceived as threatening (e.g., unstable or demanding families, adverse school environments) (Crittenden et al., 2014). Accordingly, participants' accounts suggest a life-course trajectory coherent with this attachment pattern, involving deterioration in interpersonal relationships and rendering adults vulnerable to experiencing significant levels of loneliness, with manifestations of sadness and anxiety (Rodríguez et al., 2020).

Regarding the life-course stages described by participants, the coercive attachment pattern in childhood is expressed through impulsive behaviors that undermine peer relationships (Fernández et al., 2020), fostering social withdrawal. Consistent with Laslo-Roth et al. (2021), participants' childhood accounts reveal social withdrawal accompanied by a perceived sense of difference from peers, alongside an interest in relating to them, albeit with a tendency to prioritize personal interests. Moreover, as Lecannelier et al. (2021) note, childhood is characterized by a tendency to place greater weight on negative criticism, which reinforces perceptions of the environment as risky and further promotes social withdrawal. This pattern is reflected in diminished psychological well-being, evidenced by feelings of non-belonging and, as Labrador et al. (2019) report, an emerging critical self-evaluation shaped by perceived demands from classmates and teachers.

In adolescence, the continuity of the coercive attachment strategy is evident in the low emotional proximity described by Rokeach and Wiener (2020), expressed as interpersonal distance from peers. The interviews also indicate emotionally reactive and relationship-disruptive responses. These patterns may be accounted for by the intolerance of frustration noted by Bachur et al. (2020), as well as the propensity for impulsive attitudes in adolescents with ADHD described by Soto and Solovieva (2022). Likewise, consistent with Sánchez and Fouce (2024), who argue that adolescents with ADHD tend to experience unmet social needs due to limited availability of supportive and containing contexts, this may contribute to an increasingly explicit perception of loneliness with affective tones of sadness. Moreover, Ginapp et al. (2023) highlight a tendency toward compliance with social expectations, which was also reported by interviewees; this tendency may reduce their capacity for autonomous decision-making, fostering frustration regarding adaptive difficulties (Grønneberg et al., 2023), accompanied by sadness and anxiety.

In adulthood, the coercive attachment pattern and the perception of loneliness appear to become consolidated. Consistent with Jong et al. (2024), this stage suggests that the attachment style has become integrated into identity. Likewise, in line with Björk et al. (2023), loneliness—promoted by the coercive pattern—also begins to be incorporated by the adult as part of their lifestyle, albeit in a distressing manner. The interviews further corroborate the difficulty in providing emotional support and understanding others' needs described by Rokeach and Wiener (2020), which can be conceptualized as affective ambivalence: adults with ADHD establish interpersonal relationships, yet from a stance of affective withdrawal that hinders the consolidation of deep bonds. Within this context, compromised psychological well-being is evident, with psychological distress expressed as depressive and anxiety symptoms (Mazurkiewicz & Marcano, 2021). This emotional dysregulation appears in participants' narratives as a response to the negative interpersonal anticipation described by Rodríguez et al. (2020), whereby individuals seek solitude, experiencing sadness, but also finding in such spaces the emotional regulation required to cope with anxiety that may arise in interpersonal interactions.

From a clinical standpoint, the findings indicate that loneliness in adults with ADHD does not operate as an isolated state, but rather as a developmental trajectory that consolidates from early experiences of labeling, non-belonging, and self-criticism. This trajectory intensifies during adolescence through constrained autonomy, validation seeking, and emotional lability, and is expressed in adulthood as life frustration alongside identity and relational reconfigurations. These results suggest that interventions should incorporate, beyond symptom-focused treatment, specific components aimed at affect regulation, reducing self-criticism, and repairing relational patterns associated with non-belonging, while promoting protective relationships and socially oriented coping strategies.

Some limitations of this study should be acknowledged. First, the sample size was small; therefore, the findings cannot be generalized to broader populations. In addition, the study relied on participants' retrospective accounts, which may introduce recall bias in the reconstruction of life experiences, including their experiences of loneliness. Nonetheless, acknowledging these limitations does not diminish the relevance of the findings. Importantly, this study represents a novel application of the DMM to a Chilean sample within the context of an attachment-based approach to ADHD. Accordingly, the identification of this attachment pattern in adults with ADHD suggests psychotherapeutic directions that emphasize DMM-relevant targets such as emotional regulation and mentalization (Lecannelier et al., 2021).

This study may encourage future research examining gender-related differences in the experience of loneliness among adults, with the aim of identifying differentiated trajectories of this phenomenon. Likewise, longitudinal quantitative studies are needed to assess the development of the coercive attachment pattern and loneliness over time, to detect early predictors that enable preventive psychological interventions. Finally, a key challenge is to translate these findings into practice through psychoeducational and awareness-raising workshops that promote understanding of neurodivergent symptomatology and its associated attachment pattern, thereby contributing to the prevention and management of loneliness experiences that undermine psychological well-being in adults with ADHD.

References

- Amaral, F. M., Correa, M., Silva, A., Artuso, B., Dias, L., De Souza, C., Guerra, D., & Vasconcelos, M. (2021). Transtorno do déficit de atenção e hiperatividade (TDAH) no adulto: prevalência e impactos. *Brazilian Journal of Health Review*, 4(6), 24035-24044. <https://doi:10.34119/bjhrv4n6-033>

- American Psychiatric Association. (2020). *Manual Diagnóstico y Estadístico de los Trastornos Mentales, DSM-5* (5th ed.). Médica Panamericana.
- American Psychological Association. (2010). *Ethical principles of psychologists and code of conduct*. <https://www.apa.org/ethics/code/principles.pdf>
- Aravena, C., Román, S., & Sepúlveda, A. (2025). Efecto de las funciones ejecutivas en el rendimiento académico de niños/as con trastorno por déficit de atención con hiperactividad: una revisión sistemática. *CienciAmérica*, 14(1), 1-17. <https://doi.org/10.33210/ca.v14i1.483>
- Bachur, F., Trevisan, E., & Ruzzi, A. (2020). Relaciones sociales de los adolescentes con trastorno por déficit de atención con hiperactividad. *Revista Familia, Ciclos de Vida e Saúde no Contexto Social*, 2, 719-726. <https://doi.org/10.18554/refacs.v8i0.4747>
- Barjaková, M., Garneró, A., & d'Hombres, B. (2023). Risk factors for loneliness: A literature review. *Social Science & Medicine*, 334, 1-12. <https://doi.org/10.1016/j.socscimed.2023.116163>
- Bello, O. (2022). Infancias, diagnósticos y salud mental: discursos sobre el trastorno por déficit de atención e hiperactividad en la región de Los Lagos, Chile (2020-2021). *Salud Colectiva*, 18, 1-17. <https://doi.org/10.18294/sc.2022.4233>
- Ben-Naim, S., Marom, I., Krashin, M., Gifter, B., & Arad, K. (2017). Life with a partner with ADHD: The moderating role of intimacy. *Journal of Child and Family Studies*, 26(5), 1365-1373. <https://doi.org/10.1007/s10826-016-0653-9>
- Bijker, R., Merkouris, S. S., Dowling, N. A., & Rodda, S. N. (2024). ChatGPT for automated qualitative research: Content analysis. *Journal of Medical Internet Research*, 26, 1-18. <https://doi.org/10.2196/59050>
- Björk, A., Rönngren, Y., & Våge, L. (2023) Adult persons with ADHD and their lifestyle. In J. L. Matson (Ed.), *Clinical Handbook of ADHD. Assessment and Treatment across the Lifespan* (pp. 121-182). Springer.
- Braun, V., & Clarke, V. (2022). *Thematic Analysis: A Practical Guide*. SAGE.
- Calderón, C., Castellanos-Alvarenga, L., Mejía-Valiente, J., Rivera de Blanco, K., & Valdivieso-Aguilar, G. (2024). Conductas desafiantes en estudiantes de educación media: aportes para prevenir e intervenir la violencia escolar. *Revista Logos, Ciencia & Tecnología*, 16(3), 105-115. <https://doi.org/10.22335/rlct.v16i3.1996>
- Coello-Zambrano, E., & Ramos-Galarza (2022). Construcción teórica neuropsicológica de las funciones ejecutivas. *Revista Ecuatoriana de Neurología*, 31(2), 74-83. <https://doi.org/10.46997/revecuatneurol31200074>
- Creswell, J. (2017). *Qualitative Inquiry and Research Design: Choosing among five approaches*. SAGE.
- Creswell, J. W., & Poth, C. N. (2024). *Qualitative Inquiry and Research Design: Choosing Among Five Approaches* (5th Ed.). SAGE.
- Crittenden, P. M., & Ainsworth, M. (1989). Child maltreatment and attachment theory. In D. Cicchetti & V. Carlson (Eds.), *Child maltreatment: Theory and research on the causes and consequences of child abuse and neglect* (pp. 432-463). Cambridge University Press.
- Crittenden, P., Dallos, R., Landini, A., & Kozłowska, K. (2014). *Attachment & Family Therapy*. McGraw Hill.
- Crittenden, P., Florit, G., Landini, A., & Spieker, S. (2024). The assessment of attachment for case formulation. In B. Poletti, G. Tasca, L. Pievani, & A. Compare (Ed.), *Training in Integrated Relational Psychotherapy: an evidence-based approach* (pp. 103-138). Springer.
- Dobrosavljevic, M., Larsson, H., & Cortese, S. (2023). The diagnosis and treatment of attention-deficit hyperactivity disorder (ADHD) in older adults. *Expert Review of Neurotherapeutics*, 23(10), 883-893. <https://doi.org/10.1080/14737175.2023.2250913>
- Eiris-Puñal, J., & Monteagudo-Saavedra, E. (2025). Heredabilidad en los trastornos del neurodesarrollo. *Medicina (Buenos Aires)*, 85(1), 22-29.
- Fernández, G. L., Arias, G. V., Rodríguez, N. H., & Manzano, S. N. (2020). Estudio e intervención en niños con Trastorno por Déficit de Atención e Hiperactividad de educación primaria. *Revista Interuniversitaria de Formación del Profesorado*, 95(34), 247-274. <https://doi.org/10.47553/rifop.v34i2.77535>
- Feuermaier, A., Tucha, L., Butzbach, M., Weisbrod, M., Aschenbrenner, S., & Tucha, O. (2021). ADHD at the workplace: ADHD symptoms, diagnostic status, and work-related functioning. *Journal of Neural Transmission*, 128(7), 1021-1031. <https://doi.org/10.1007/s00702-021-02309-z>

- Fullen, T., Jones, S. L., Emerson, L. M., & Adamou, M. (2020). Psychological Treatments in Adult ADHD: A Systematic Review. *Journal of Psychopathology and Behavioral Assessment*, 42(3), 500-518. <https://doi.org/10.1007/s10862-020-09794-8>
- Ginapp, C., Greenberg, N., MacDonald-Gagnon, G., Angarita, G., Bold, K., & Potenza, M. (2023). "Dysregulated not deficit": A qualitative study on symptomatology of ADHD in young adults. *PLoS ONE*, 18(10), 1-20. <https://doi.org/10.1371/journal.pone.0292721>
- González, S. S. (2022). Antecedentes del apego, tipos y modelos operativos internos. *Revista de Psiquiatría Infanto-Juvenil*, 39(2), 2-15. <https://doi.org/10.31766/revpsij.v39n2a2>
- Grønneberg, S., Engebretsen, E., & Løkkeberg, S. (2023). When ADHD knocks on the door – discourse theory as a frame to explore subject positions and mental wellbeing before diagnosis. *International Journal of Qualitative Studies on Health and Well-being*, 18, 1-13. <https://doi.org/10.1080/17482631.2023.2209964>
- Jong, A., Odoi, C., Lau, J., & Hollocks, M. (2024). Loneliness in young people with ADHD: A systematic review and meta-analysis. *Journal of Attention Disorders*, 24(7), 1063-1081. <https://doi.org/10.1177/10870547241229096>
- Kordahji, H., Ben David, Sh., & Elkana, O. (2021). Attachment anxiety moderates the association between ADHD and psychological distress. *Psychiatric Quarterly*, 92, 1711-1724. <https://doi.org/10.1007/s11126-021-09919-6>
- Labrador, R. V., Hernández, V. F., & Inglés, Y. E. (2019). Estudio de los patrones de conducta del alumnado con TDAH en la clase de educación física. *Movimiento*, 25, 1-15. <https://doi.org/10.22456/1982-8918.81877>
- Laslo-Roth, R., George-Levi, S., & Rosenstreich, E. (2021). Protecting children with ADHD against loneliness: Familial and individual factors predicting perceived child's loneliness. *Personality and Individual Differences*, 180, 1-6. <https://doi.org/10.1016/j.paid.2021.110971>
- Lecannelier, F. (2020). El vínculo de apego: La clave del desarrollo socioemocional en la primera infancia. In O. Alejandro (Ed.), *CIEI: Compromisos y desafíos para una infancia saludable* (pp. 39-41). UNSA.
- Lecannelier, F., Guajardo, H., Kushner, D., Barrientos, C., & Monje, G. (2021). La complejidad del trauma complejo del desarrollo: Una propuesta del modelo de apego y complejidad (MAC). *Revista de Psicoterapia*, 32(120), 105-124. <https://doi.org/10.33898/rdp.v32i120.463>
- Lee, Y., Mikami, A., & Owens, J. (2021). Children's ADHD symptoms and friendship patterns across a school year. *Research on Child and Adolescent Psychopathology*, 49(5), 643-656. <https://doi.org/10.1007/s10802-021-00771-7>
- Llanos, L., García, D., González, H., & Puentes, P. (2019). Trastorno por déficit de atención e hiperactividad (TDAH), en niños escolarizados de 6 a 17 años. *Revista de Pediatría Atención Primaria*, 21, 101-108. https://pap.es/files/1116-2618-pdf/WEB_002_RPAP_1442_TDAH_escolarizados.pdf
- Lopes, M., & Baïão, L. (2022). Os desafios do diagnóstico do transtorno do Déficit de Atenção e Hiperatividade (TDAH) em adultos com base no DSM-V. *Brazilian Journal of Development*, 8(6), 48102-48118. <https://doi.org/10.34117/bjdv8n6-353>
- Mazurkiewicz, H., & Marcano B. (2021). Calidad de vida en adultos jóvenes con TDAH diagnosticados en la adultez: revisión sistemática. *Actualidades en Psicología*, 35(103), 97-113. <https://doi.org/10.15517/ap.v35i130.38298>
- Milozzi, S. (2022). La formulación funcional de caso del modelo dinámico maduracional del apego y el rol de la entrevista de apego adulto dentro de la misma. *Revista de Psicoterapia*, 33(123), 133-150. <https://doi.org/10.33898/rdp.v33i123.35949>
- Morgan, D. L. (2023). Exploring the use of artificial intelligence for qualitative data analysis: The case of ChatGPT. *International Journal of Qualitative Methods*, 22. <https://doi.org/10.1177/16094069231211248>
- Nordby, E., Guribye, F., Nordgreen, T., & Lundervold, A. (2023). Silver linings of ADHD: a thematic analysis of adults' positive experiences with living with ADHD. *BMJ Open*, 13(10), 1-10. <https://doi.org/10.1136/bmjopen-2023-072052>
- Ospina-Ospina, A., Areiza-Rodríguez, V., Rey-Álvarez, D., & Herrera Santana, L. (2024). Implicaciones del TDAH en el desarrollo de la cognición social en estudiantes de secundaria de Colombia y Canadá. *Revista Virtual Universidad Católica del Norte*, 73, 8-37. <https://doi.org/10.35575/rvucn.n73a2>

- Quenneville, A., Kalogeropoulou, E., Nicastro, R., Weibel, S., Chanut, F., & Perroud, N. (2022). Anxiety disorders in adult ADHD: A frequent comorbidity and a risk factor for externalizing problems. *Psychiatry Research*, *310*, 114423. <https://doi.org/10.1016/j.psychres.2022.114423>
- Reyes, F. L. G., & Mejía, R. K. A. (2024). Inteligencia artificial en la investigación cualitativa: Análisis bibliométrico de la producción científica indizada en Scopus. *New Trends in Qualitative Research*, *20*(4), 2-15. <https://doi.org/10.36367/ntqr.20.4.2024.e1116>
- Rodríguez, Q. A., Bongiardino, L., Borensztein, L., Aufenacker, S. I., Crawley, A., Botero, B., Scavone, K., & Vázquez, N. (2020). Sentimientos de soledad y problemas internalizantes frente al distanciamiento social y confinamiento preventivo por el coronavirus COVID-19. *Subjetividad y procesos cognitivos*, *24*(2), 57-84.
- Rokeach, A., & Wiener, J. (2020). Friendship quality in adolescents with ADHD. *Journal of Attention Disorders*, *24*(8), 1156-1168. <https://doi.org/10.1177/1087054717735380>
- Salazar, A. J., Téllez, A. B., & Rivera, R. E. (2023). TDAH asociado a conductas delictivas en adolescentes latinoamericanos y españoles: revisión del estado del arte. *Revista Neuropsicología Latinoamericana*, *15*(1), 45-55.
- Sánchez, E., & Fouce, J. (2024). *Soledad no deseada. Claves para la acción municipal*. Catarata.
- Smit, S., Mikami, A., & Normand, S. (2020). Correlates of loneliness in children with attention-deficit/hyperactivity disorder: Comorbidities and peer problems. *Child Psychiatry & Human Development*, *51*(3), 478-489. <https://doi.org/10.1007/s10578-020-00959-w>
- Song, P., Zha, M., Yang, Q., Li, X., & Rudan, I. (2021). The prevalence of adult attention-deficit hyperactivity disorder: A global systematic review and meta-analysis. *Journal of Global Health*, *11*, 1-9. <https://doi.org/10.7189/jogh.11.04009>
- Soto, H., & Solovieva, J. (2022). Análisis cualitativo de perfiles neuropsicológicos en adolescentes con diagnóstico de TDAH. *Cuadernos de Neuropsicología*, *16*(2), 18-32.
- Torres, M. (2022). Os impactos dos sintomas do TDAH no adulto. *Revista Brasileira de Ensino e Aprendizagem*, *4*, 26-46.
- Varma, A., & Wiener, J. (2020). Perceptions of ADHD symptoms in adolescents with ADHD: Attributions and stigma. *Canadian Journal of School Psychology*, *35*(4), 252-265. <https://doi.org/10.1177/0829573520936459>
- Wiener, J. (2023). Social relationships of individuals with ADHD across the lifespan. In J. L. Matson (Ed.), *Clinical Handbook of ADHD. Assessment and Treatment across the Lifespan* (pp. 517-546). Springer.
- World Medical Association. (2013). Declaration of Helsinki. Ethical principles for medical research involving human subjects. *JAMA Network*, *310*(20), 2191-2194. <https://doi.org/10.1001/jama.2013.281053>
- Yadav, S., Bhat, A., Hashem, Sh., Nisar, S., Kamal, M., Syed, N., Temmani, M-R., Gupta, R., Kamran, S., Azeem, M., Srivastava, A., Bagga, P., Chawla, S., Reddy, R., Frenneaux, M., Fakhro, K., & Haris, M. (2021). Genetic variations influence brain changes in patients with attention-deficit hyperactivity disorder. *Transnational Psychiatry*, *11*(349), 1-24. <https://doi.org/10.1038/s41398-021-01473-w>
- Zagmutt, A. (2014). *Vínculos afectivos, mentes conectadas. Estilos de personalidad y crisis desde el nacimiento hasta la edad adulta*. Uqbar.

Authors' contribution (CRediT Taxonomy): 1. Conceptualization; 2. Data curation; 3. Formal Analysis; 4. Funding acquisition; 5. Investigation; 6. Methodology; 7. Project administration; 8. Resources; 9. Software; 10. Supervision; 11. Validation; 12. Visualization; 13. Writing: original draft; 14. Writing: review & editing.

L. M. C.-A. has contributed in 1, 2, 3, 5, 6, 7, 9, 10, 11, 12, 13, 14; F. J.-M. in 1, 2, 3, 5, 6, 9, 13, 14; C. I. T.-H. in 1, 2, 5, 6, 9, 13; P. I.-R. in 1, 2, 5, 6, 9, 13.

Scientific editor in charge: Dra. Cecilia Cracco.