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ADHD Symptoms and Borderline Personality Features Among Adult Indian Women Living in Hyderabad and Bengaluru: A Correlational and Group Comparison Study

Dr. Rebecca Vedavathy B.[1], Dr. Shivanand Pawar[2]

[1]Assistant Professor of French, Department of Languages, St. Mary's College, Yusufguda, Hyderabad, India
Email: *rebecca[at]stmaryscollege.in*

[2]Assistant Professor, School of Sciences, Department of Social Work, JAIN (Deemed-to-be University), Bangalore, India
Email: *shivanand[at]jainuniversity.ac.in*

Abstract: ***Attention-Deficit/Hyperactivity Disorder (ADHD) and borderline personality features share several characteristics, including emotional dysregulation and impulsivity. However, research examining the relationship between ADHD symptoms and borderline personality features among adult Indian women remains limited. The present study examined the relationship between ADHD symptoms and borderline personality features and compared borderline personality feature scores across ADHD symptom presentation groups among adult Indian women living in Hyderabad and Bengaluru. A quantitative, cross-sectional, descriptive correlational research design was used. Eighty-seven participants completed the Adult ADHD Self-Report Scale (ASRS v1.1) and the Borderline Symptom List-23 (BSL-23). Pearson's correlation analysis revealed a statistically significant moderate positive correlation between ADHD symptoms and borderline personality features ($r = .594$, $p < .001$). Participants were classified into four ADHD symptom presentation groups based on their inattentive and hyperactive-impulsive symptom scores. Welch's one-way ANOVA showed a statistically significant difference in borderline personality feature scores across the four groups, $F(3, 19.60) = 12.40$, $p < .001$. Games-Howell post hoc comparisons indicated that participants in the High Inattentive + High Hyperactive group had significantly higher borderline personality feature scores than those in the Low ADHD Symptoms group. These findings suggest that greater ADHD symptom severity, particularly the presence of both inattentive and hyperactive-impulsive symptoms, is associated with higher levels of borderline personality features among adult Indian women.***

Keywords: Attention-Deficit/Hyperactivity Disorder (ADHD), Borderline Personality Features, Adult Indian Women, Emotion Dysregulation

1. Introduction

Attention-Deficit/Hyperactivity Disorder (ADHD) in women has historically been under-recognized and frequently misdiagnosed, particularly when symptoms present as emotional dysregulation, impulsivity and interpersonal instability rather than overt hyperactivity. Adult women with ADHD—especially those with a combined presentation—often report difficulties in emotional regulation, unstable self-image and strained interpersonal relationships. These characteristics overlap considerably with features commonly associated with borderline personality functioning, leading to diagnostic ambiguity and clinical confusion.

Borderline personality features exist on a continuum, ranging from mild emotional instability to severe interpersonal and identity disturbances. Contemporary psychological research increasingly emphasizes the dimensional assessment of personality features, particularly in non-clinical and student populations. In the Indian context, sociocultural expectations regarding emotional expression, gender roles and mental health stigma may further influence the manifestation and reporting of ADHD symptoms and borderline traits in women.

Despite growing international literature on ADHD–BPD symptom overlap, Indian empirical research exploring this association- especially among women- is limited. Most available studies adopt clinical or Western-centric frameworks, leaving a gap in culturally relevant, exploratory research at the trait level.

This research maintains cultural relevance by consciously adapting its conceptual framework, methodology and interpretation to the Indian sociocultural context of two cities Hyderabad and Bengaluru rather than uncritically applying Western diagnostic models. First, the study focuses on borderline personality features and ADHD symptom presentation rather than categorical diagnoses. This dimensional approach is particularly appropriate in India, where emotional distress is often expressed indirectly through interpersonal difficulties, somatic complaints, or behavioural concerns rather than explicit diagnostic language. By examining traits instead of diagnoses, the study avoids imposing rigid Western psychiatric labels.

Second, the study deliberately samples Indian women aged 18–45, a group whose psychological experiences are shaped by culturally specific expectations related to family roles, emotional restraint, dependency and social conformity.

Emotional intensity or interpersonal conflict in Indian women may be culturally interpreted as relational or moral concerns rather than psychological pathology. This research acknowledges that such cultural norms influence how ADHD symptoms and borderline traits are experienced and reported.

Third, the use of self-report screening tools within a non-clinical, descriptive correlational design reduces medicalization and aligns with culturally sensitive research practices. Rather than seeking to diagnose participants, the study explores patterns of association, allowing findings to be interpreted within India's collectivistic, family-oriented context. This approach respects the stigma surrounding mental health diagnoses in India and protects participants from unnecessary labelling.

This study adopts a descriptive correlational research approach to examine the relationship between ADHD symptom presentation and borderline personality features among Indian women living in Hyderabad and Bengaluru aged 18 to 45 years, using self-report measures in a non-clinical sample.

2. Review of Literature

Adult ADHD is characterized by persistent symptoms that interfere with daily functioning and is associated with a high prevalence of psychiatric comorbidities. Borderline personality disorder (BPD) occurs significantly more frequently among adults with ADHD than would be expected by chance, highlighting the substantial overlap between the two conditions [17].

Longitudinal and cross-sectional evidence indicates a substantial overlap between ADHD and borderline personality pathology, with research showing that "14% of those diagnosed with ADHD in childhood later receive a diagnosis of BPD while between 18% and 34% of the adults with ADHD are estimated to have comorbid BPD [17]." These are the factors that make a study such as this relevant.

3. ADHD in Adult Women: Under-Recognition and Gendered Symptom Expression

Attention-deficit/hyperactivity disorder (ADHD) in women is frequently missed or diagnosed late, partly because many women present with less overt hyperactivity and more internalised distress with coping mechanisms such as high masking and functional impairment [1], [7]. Evidence from a systematic review emphasised that women living with undiagnosed ADHD often report longstanding difficulties in social-emotional well-being and relationships and that diagnosis in adulthood can substantially reshape self-understanding and coping [1]. Similarly, an integrative review of women's ADHD across the lifespan highlights delayed diagnosis and misdiagnosis as recurring concerns, with adverse impacts across major life stages and a need for more tailored assessment and support for women [7]. Quinn and Madhoo observe that although "girls may work hard to maintain classroom performance, satisfactory academic achievement does not rule out ADHD in girls. Parents may often be the first to report difficulties seen in the home that are missed or not present in school…" (p.5) [13]. These findings are relevant to the present study because they support the premise that ADHD in adult women can be expressed through emotional and interpersonal difficulties- domains that can overlap with borderline personality features.

3.1 Emotional dysregulation in adult ADHD and its relevance to symptom overlap

It is a well-studied phenomenon that many patients with ADHD strive to regulate negative emotions. In recent years, it is being understood that beyond core inattentive and hyperactive-impulsive symptoms, emotion dysregulation is increasingly recognised as a prominent feature of adult ADHD and is associated with impairment and comorbidity [14]. Nigg and Casey conceptualised ADHD as a disorder involving dysfunction across three major neural networks underlying emotional, motivational and cognitive regulation. According to their model, disruption of fronto-striatal circuitry contributes to deficits in working memory and response selection, fronto-cerebellar network alterations affect the temporal organisation and timing of behaviour and abnormalities within fronto-limbic pathways underlie difficulties in emotional regulation [16]. A systematic review synthesising empirical studies by Soler-Gutiérrez et al., in 2023 reported that adults with ADHD show greater use of maladaptive emotion regulation strategies than controls and that emotion dysregulation relates to symptom severity and broader psychosocial outcomes [14]. Meta-analytic evidence also supports substantially elevated emotion dysregulation in adults with ADHD and demonstrates meaningful associations between ADHD symptom severity and dysregulation indices [2]. In women specifically, controlled research suggests that ADHD symptoms are associated with emotional dysregulation and that executive function difficulties may contribute to this link, reinforcing the need to consider emotional functioning when examining women's ADHD presentations [15]. Because borderline personality features also centre on affective instability and emotion regulation difficulties, this literature provides a conceptual pathway for understanding why ADHD symptom levels may correlate with borderline feature severity.

3.2 ADHD and borderline personality features: shared dimensions and clinical ambiguity

ADHD and borderline personality disorder (BPD) are frequently discussed together due to overlapping dimensions such as impulsivity, emotional dysregulation and interpersonal impairment, which can complicate differential understanding [17]. A review of adult ADHD–BPD links argues that overlap in these domains contributes to diagnostic ambiguity and supports conceptualising ADHD and borderline features dimensionally rather than relying solely on categorical labels [17]. Large population-based evidence also indicates substantial co-occurrence and shared familial risk: a Swedish register-based study found increased odds of BPD among individuals diagnosed with ADHD and reported familial co-aggregation patterns consistent with shared risk factors [8]. According to this study, "Among individuals with an ADHD diagnosis, 3.6% had also been diagnosed with BPD (2952 out of 82,593), with a higher proportion in females (8.0%) compared to males (1.0%) [8]." Together, these studies justify the present study's focus on borderline features (traits) rather than categorical diagnosis, particularly within a non-clinical design.

3.3 Dimensional measurement and tool justification: ASRS v1.1 and BSL-23

The present study's design requires measures that provide continuous symptom scores appropriate for correlational and group-comparison analyses. The World Health Organization Adult ADHD Self-Report Scale (ASRS v1.1) was developed as an 18-item self-report checklist aligned with DSM symptom criteria [6]. The foundational paper describes the scale's structure and its use as a screening and symptom assessment tool in population contexts [6]. The Harvard/WHO ASRS resource also provides distribution and usage guidance and underscores that the ASRS is widely used in research contexts, supporting its suitability as a non-diagnostic symptom measure [5].

For borderline features, the Borderline Symptom List-23 (BSL-23) was developed from the longer BSL-95 to reduce respondent burden while preserving strong psychometric properties, including high internal consistency and strong associations with the full scale [3]. The original development paper reports that the BSL-23 discriminated BPD patients from clinical controls and was sensitive to change in therapy contexts [3]. Validation work in other languages also supports robust reliability and a coherent factor structure; notably, a French validation study reported high internal consistency and demonstrated that the measure could discriminate BPD from an ADHD comparison group, supporting its discriminant utility [12]. The study also indicated that "BPD patients had higher BSL-23 scores compared with ADHD patients (m = .78; SD = .49) [12]." Additionally, the developers' institute provides access and notes non-commercial research usability for the questionnaires, which is relevant for student research designs [8].

3.4 Indian evidence base: adult ADHD prevalence and methodological considerations

Indian research on adult ADHD is growing, but prevalence estimates vary by setting and methodology and gender-specific adult research remains limited. A systematic review focused on India synthesised available evidence and emphasised that adult ADHD is increasingly recognised but that studies often rely on screening tools, highlighting methodological gaps and the need for standardised diagnostic protocols and gender-sensitive approaches [9]. A large cross-sectional study among young adults in Delhi-NCR used ASRS v1.1 screening and reported a substantial proportion screening positive, concluding that greater awareness and identification efforts are needed given the public health implications [10]. These sources reinforce the rationale for using a structured screening measure (ASRS v1.1) in an Indian non-clinical sample while also acknowledging that screening results should be interpreted as symptom burden rather than diagnosis.

4. Indian Women's Lived Experience and Sociocultural Context

Sociocultural expectations may shape how ADHD symptoms and emotional/interpersonal distress are experienced and reported among Indian women. Qualitative research in the journal *Neurodiversity* explored late-diagnosed Indian women's experiences and described how gender norms, expectations and masking contribute to emotional exhaustion and difficulty meeting perceived standards of "normalcy," while diagnosis provided validation and self-acceptance [11]. In this study, it is clearly stated that: "Literature in the recent past has examined lived experiences of women with ADHD in the West, however, to our knowledge, there are no studies focusing on lived experiences of Indian girls or women with ADHD (p.2) [11]." Such findings support culturally sensitive interpretation of self-report symptom measures, as social context can influence whether emotional intensity or relational conflict is framed as moral/relational difficulties rather than psychological concerns [11]. This is highly relevant to the present study's dimensional approach, which aims to reduce medicalisation while still examining meaningful patterns of symptom overlap.

4.1 Borderline features research in India and the need for trait-focused studies

Indian literature on borderline pathology has often been characterised as limited and concentrated in clinical contexts, with calls for broader empirical work. A review of Indian studies on BPD emphasised that research remains sparse and highlighted the importance of understanding cultural influences in the manifestation and interpretation of borderline-related symptoms [4]. This supports the present study's decision to examine borderline features dimensionally (rather than diagnosing BPD), as trait-level assessment can be used in non-clinical samples while remaining sensitive to cultural meaning systems [4]. When considered alongside evidence of ADHD–BPD overlap in impulsivity and emotional dysregulation the Indian research gap strengthens the need for exploratory correlational studies focused on women [17], [8].

5. Research Method

The present study adopted a quantitative, cross-sectional, descriptive correlational research design. In this type of research design, data was collected from participants at a single point in time to describe existing characteristics and examine relationships between variables without manipulating them. This design was chosen because it allows for the investigation of associations between variables while also comparing differences between participant groups.

The present study aimed to:

a) Assess the levels of ADHD symptom presentation and borderline personality features among adult Indian women.
b) Examine the relationship between ADHD symptoms and borderline personality features.
c) Compare borderline personality feature scores across different ADHD symptom presentation groups.

The independent variable was ADHD symptom presentation, while the dependent variable was borderline personality features.

ADHD symptom presentation was operationally defined as the total and subscale scores obtained on the Adult ADHD Self-Report Scale (ASRS v1.1). Separate inattentive (IA) and

hyperactive-impulsive (HI) subscale scores were calculated by summing the respective ASRS items. Participants were subsequently classified into one of four ADHD symptom presentation groups based on the relative severity of IA and HI symptom scores using the sample median as the classification criterion: Low ADHD Symptoms, Predominantly Inattentive, Hyperactive Group, High IA + High HI (Combined symptom presentation). This classification was used solely for research purposes to facilitate group comparisons and does not represent any clinical diagnosis of ADHD.

Borderline personality features were operationally defined as the mean score obtained on the Borderline Symptom List–23 (BSL-23), a standardized self-report measure assessing emotional dysregulation, impulsivity, identity disturbance and interpersonal difficulties associated with borderline personality features. Higher scores indicate greater severity of borderline personality features and were not used to establish a clinical diagnosis.

Descriptive statistics, including frequencies, means, standard deviations and variances, were used to summarize the participant characteristics and study variables. Pearson's correlation was used to examine the relationship between ADHD symptom severity and borderline personality features. Differences in borderline personality feature scores across the four ADHD symptom presentation groups were analysed using Welch's one-way ANOVA because the assumption of equal variances was not met. When significant differences were found, Games-Howell post hoc tests were conducted to compare borderline personality feature scores between the Low ADHD Symptoms, Predominantly Inattentive, Hyperactive Group and High IA + High HI groups to determine which specific ADHD symptom presentation groups differed significantly from one another.

Statistical analyses were conducted using Microsoft Excel for preliminary analyses and Jamovi for inferential statistical analyses, with statistical significance set at $p < .05$.

6. Results and Analysis

In this section, descriptive statistics are presented first, followed by Pearson's correlation analysis. Differences in borderline personality features across ADHD symptom presentation groups are then examined using Welch's one-way ANOVA and Games-Howell post hoc comparisons.

Table 4.1: Descriptive Statistics for Borderline Personality Features Across ADHD Symptom Presentation Groups

ADHD Symptom Group	n	Mean	SD
Low ADHD Symptoms	31	0.609	0.623
Predominantly Inattentive	9	1.585	1.055
Hyperactive Group	7	1.255	0.592
High IA + High HI	40	1.829	1.078

Table 4.1 presents the descriptive statistics for borderline personality feature scores across the four ADHD symptom presentation groups. Participants classified in the High IA + High HI group demonstrated the highest mean BSL-23 score ($M = 1.83$, $SD = 1.08$), followed by the Predominantly Inattentive group ($M = 1.59$, $SD = 1.06$). Participants in the Low ADHD Symptoms group had the lowest mean BSL-23 score ($M = 0.61$, $SD = 0.62$). The four ADHD symptom presentation groups also differed in both sample size and variability, suggesting that the assumption of equal variances should be examined before conducting group comparisons.

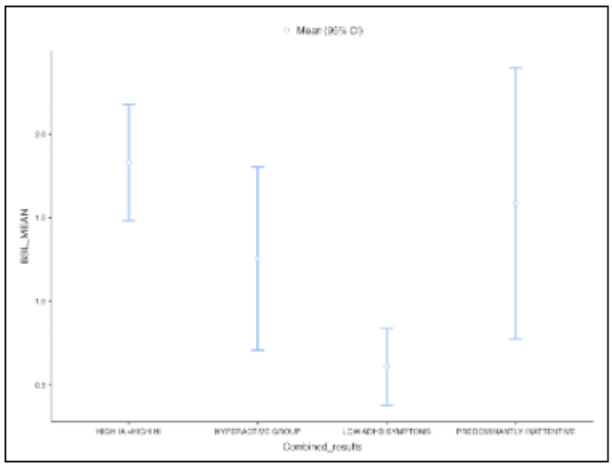

Figure 1: Mean BSL-23 scores across ADHD symptom presentation groups (95% confidence intervals)

Table 4.2: Pearson's Correlation

Variables	R	p
ADHD Total Score and BSL Mean	.594	< .001

Pearson's product-moment correlation analysis revealed a statistically significant moderate positive correlation between ADHD symptom severity and borderline personality feature scores ($r = .594$, $p < .001$). This indicates that higher ADHD symptom scores were associated with higher levels of borderline personality features.

Table 4.3: Levene's Test

Test	F	df1	df2	p
Levene's Test	6.98	3	83	< .001

Levene's test showed that the variability of borderline personality feature scores was not similar across the four ADHD symptom presentation groups, $F(3, 83) = 6.98$, $p < .001$. Therefore, Welch's one-way ANOVA was used because it provides more reliable results when group variances and sample sizes are unequal.

Table 4.4: Welch's ANOVA

Test	F	df1	df2	p
Welch's ANOVA	12.40	3	19.60	< .001

Welch's one-way ANOVA demonstrated a statistically significant difference in borderline personality feature scores across ADHD symptom presentation groups, $F(3, 19.60) = 12.40$, $p < .001$. Welch's ANOVA was used because the group variances and sample sizes were unequal.

Table 4.5: Games-Howell Post Hoc Comparisons

Comparison	Mean Difference	p
High IA + High HI vs Low ADHD Symptoms	1.221	<.001
High IA + High HI vs Hyperactive Group	0.575	.219
High IA + High HI vs Predominantly Inattentive	0.245	.922
Hyperactive Group vs Low ADHD Symptoms	0.646	.111
Hyperactive Group vs Predominantly Inattentive	-0.330	.857
Low ADHD Symptoms vs Predominantly Inattentive	-0.976	.098

Games-Howell post hoc comparisons indicated that participants in the High IA + High HI group had significantly higher borderline personality feature scores than those in the Low ADHD Symptoms group (mean difference = 1.221, $p < .001$). No other pairwise comparisons reached statistical significance.

The present study examined the relationship between ADHD symptoms and borderline personality features among adult Indian women living in Hyderabad and Bengaluru. Specifically, the study investigated whether ADHD symptom severity was associated with borderline personality features and whether borderline personality features differed across ADHD symptom presentation groups.

The first objective of the study was to examine the relationship between ADHD symptoms and borderline personality features. Pearson's correlation analysis revealed a statistically significant moderate positive correlation ($r = .594$, $p < .001$), indicating that higher ADHD symptom severity was associated with higher levels of borderline personality features among adult Indian women living in Hyderabad and Bengaluru. This finding may be explained by the substantial overlap in the psychological characteristics of ADHD and borderline personality disorder. Both conditions are characterised by difficulties in emotion regulation and impulsivity, which can contribute to emotional instability and interpersonal challenges. In addition, impairments in executive functioning, including difficulties with attention, planning and behavioural regulation, may increase the likelihood of unstable relationships and poor emotional control. Over time, persistent ADHD symptoms such as inattention and impulsivity may further increase an individual's vulnerability to emotional distress and the development of borderline personality features.

Welch's ANOVA demonstrated significant differences in borderline personality feature scores across ADHD symptom presentation groups.

The second objective of the study was to compare borderline personality feature scores across the four ADHD symptom presentation groups. The findings indicated that participants classified in the High IA + High HI group had significantly higher borderline personality feature scores than those in the Low ADHD Symptoms group. However, no statistically significant differences were observed between the remaining groups after accounting for unequal variances and unequal group sizes using Welch's ANOVA and Games-Howell post hoc comparisons. These findings suggest that individuals who experience elevated levels of both inattentive and hyperactive-impulsive symptoms may be more vulnerable to borderline personality features than those with low ADHD symptoms. One possible explanation is that the combined presence of both types of symptoms may result in greater emotional and behavioural difficulties than either symptom type alone. Individuals with combined ADHD symptoms may also experience greater functional impairment in daily life, which can contribute to emotional distress and interpersonal difficulties. In addition, the coexistence of inattentive and hyperactive-impulsive symptoms may intensify emotional dysregulation, a characteristic that is also central to borderline personality disorder. These findings support the view that greater overall ADHD symptom severity may be associated with increased borderline personality features.

7. Conclusion

The present study demonstrated a significant positive relationship between ADHD symptoms and borderline personality features among adult Indian women. Participants with elevated combined inattentive and hyperactive symptoms exhibited the highest levels of borderline personality features. These findings contribute to the growing literature on the overlap between ADHD and borderline personality pathology and highlight the importance of comprehensive assessment of ADHD symptoms in adult women.

8. Recommendations for Future Studies

The findings of the present study suggest several directions for future research. First, longitudinal research designs are recommended to examine the temporal relationship between ADHD symptoms and borderline personality features and to better understand their developmental trajectories. Future studies should also include participants with clinically confirmed diagnoses of ADHD and borderline personality disorder to enhance the validity and generalizability of the findings. Additionally, recruiting larger and more diverse samples from different geographical regions and socioeconomic backgrounds would improve the representativeness of the results. Researchers are also encouraged to investigate the influence of additional psychological factors, such as anxiety, depression, trauma history and emotion regulation, which may contribute to the relationship between ADHD symptoms and borderline personality features. Finally, future studies should explore potential gender differences in the association between ADHD and borderline personality features to determine whether these relationships differ between men and women and to support the development of gender-sensitive assessment and intervention strategies.

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Author Profile

Rebecca Vedavathy B. received her PhD (2020) and Masters (2015) in French and Francophone Literatures from the English and Foreign Languages University, Hyderabad. She is an Assistant Professor of French at St Mary's College, Hyderabad. She is currently on sabbatical, during which she is pursuing her MSc in Psychology from JAIN (Deemed-to-be University).

Shivanand Pawar received his PhD (2022) and Masters (2017) in Social Work from the Central University of Karnataka. He is currently an Assistant Professor, Social Work in the School of Sciences at JAIN (Deemed-to-be University).