

WHERE TO FROM HERE?

A post-diagnosis pathway to understanding, rediscovering and supporting yourself

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Receiving an autism and/or ADHD diagnosis can answer questions you may have carried for years. For some women, the first feeling is relief: There is a reason. I wasn't imagining it. For others, relief sits alongside uncertainty, sadness, anger or even disbelief.

There is no correct way to feel.

Whether you are 18, 28, 48 or 68, diagnosis does not suddenly change who you are. You were neurodivergent before your experiences had a name. What diagnosis can offer is a new lens through which to understand yourself — including your strengths, needs, relationships, difficulties, and the ways you have learned to cope in environments that may not always have fitted you.

The period after diagnosis is therefore less about becoming a different person and more about rediscovering the person who was there all along.

SECTION 01

GIVE YOURSELF TIME TO MAKE SENSE OF IT

You do not need to understand everything immediately.

After diagnosis, you may find yourself revisiting memories from childhood, adolescence, relationships, study or work and seeing them differently:

Maybe I wasn't too sensitive.

Maybe I wasn't lazy or disorganized.

Maybe social situations really did require more effort for me.

Maybe I was overwhelmed rather than failing.

This process can bring relief, but it can also bring grief for support you did not receive, opportunities that might have been different, or years spent blaming yourself.

Try not to rush this stage. Diagnosis can reorganize the story you have told yourself about your life. That takes time.

A useful starting question is:

What makes more sense about my life now that I know this about myself?

You might write your answers, talk about them with someone you trust, discuss them with a psychologist, or simply notice them as they emerge.

SECTION 02

LEARN ABOUT YOUR AUTISM, ADHD OR AUDHD

A diagnosis describes a neurodevelopmental pattern. It does not describe an entire person.

Two autistic women can have very different experiences. The same is true of two women with ADHD — and having both autism and ADHD can create its own combinations of needs and apparent contradictions.

Rather than asking only, “What is autism?” or “What is ADHD?”, gradually begin asking:

What does this look like in me?

Explore areas such as:

- sensory preferences and sensitivities
- attention and executive functioning
- communication style
- emotional regulation
- need for predictability or novelty
- social energy
- focused interests and sources of joy
- sleep and recovery
- transitions
- relationships
- work or study
- masking and camouflaging.

Use neurodiversity-affirming sources wherever possible. You are learning your operating system — not compiling a list of things that are wrong with you.

SECTION 03

BECOME CURIOUS ABOUT MASKING — WITHOUT TRYING TO REMOVE IT OVERNIGHT

Many women learn very early to observe, imitate, rehearse, suppress or compensate, in order to fit expectations.

You may have learned to force eye contact, suppress movement, rehearse conversations, appear organized despite enormous effort, tolerate overwhelming environments, hide confusion, or prioritize other people's comfort over your own.

Some of these strategies may have protected you. Some may still be useful.

The goal after diagnosis is therefore not to suddenly "unmask."

Instead, become curious.

Ask yourself:

- Where do I feel that I am performing?
- With whom can I relax?
- What do I do because I genuinely want to?
- What do I do because I am frightened of disappointing people?
- Which situations leave me disproportionately exhausted?
- What would I do differently if I knew I would not be judged?

Small, safe experiments are usually more useful than dramatic change. Perhaps you allow yourself less eye contact with someone you trust, decline one unnecessary social commitment, use headphones when you need them, or stop forcing yourself to make conversation when you are depleted.

The question is not

"How do I stop masking?"

It is:

"Where can I safely use less energy pretending that I do not have the needs I actually have?"

SECTION 04

LEARN YOUR CAPACITY BEFORE TRYING TO IMPROVE YOUR PRODUCTIVITY

Many women reach diagnosis after years of pushing themselves beyond sustainable limits.

If you are exhausted, withdrawing more, struggling with tasks that used to be manageable, becoming increasingly sensitive to noise or interaction, or finding that your executive functioning has deteriorated, consider whether chronic overload or autistic burnout may be part of the picture.

This is not the time to respond by demanding more of yourself.

Begin noticing what takes energy, what restores energy, and what your early warning signs of overload look like.

For ADHD, this also means moving away from moral explanations such as lazy, undisciplined or not trying hard enough. Executive functioning varies with context, interest, urgency, stress, sleep and available cognitive resources.

The aim is not to force your brain to work like somebody else's. It is to begin designing environments and supports that make functioning easier.

That might mean written reminders, visual planning, body doubling, fewer simultaneous demands, sensory adjustments, clearer routines, recovery time or asking for accommodations.

SECTION 05

RECONSIDER RELATIONSHIPS AND BOUNDARIES SLOWLY

Understanding yourself differently can change how you understand your relationships.

You may recognize that you have spent years over-accommodating, people-pleasing, explaining yourself, avoiding conflict or taking responsibility for other people's emotions.

You do not need to redesign every relationship after diagnosis.

Start smaller.

Notice where you feel safe. Notice where you routinely override yourself. Experiment with clearer boundaries. Decide carefully who you want to tell about your diagnosis.

Disclosure is a choice, not an obligation.

You can disclose your diagnosis, disclose only a particular need — "I process information better when I have it in writing" — or disclose nothing at all.

The goal is not maximum disclosure. It is greater choice.

SECTION 06

FIND PEOPLE AND SPACES WHERE YOU DO NOT HAVE TO EXPLAIN EVERYTHING

For many women, meeting other neurodivergent people is an important part of post-diagnosis adjustment.

Hearing “I do that too” can challenge decades of feeling uniquely difficult or defective.

Peer connection may come through an autistic or ADHD peer group, a moderated online community, a neurodivergent women’s group, or simply one trusted neurodivergent friend.

Choose spaces carefully. No community speaks for every autistic or ADHD woman, and you do not have to adopt someone else’s interpretation of neurodivergence as your own.

Take what helps you understand yourself. Leave what does not fit.

SECTION 07

BEGIN REBUILDING YOUR IDENTITY AROUND SELF-KNOWLEDGE RATHER THAN SELF-CORRECTION

Eventually the central question often changes.

Instead of:

"What is wrong with me?"

it becomes:

"What do I need in order to live well as myself?"

That question can lead somewhere very different.

You may rediscover interests you abandoned, reconsider what friendship means to you, change how you work, recognize sensory needs you previously ignored, create stronger boundaries, or simply become kinder in the way you interpret your own behaviour.

For younger women, diagnosis can provide an opportunity to make these adjustments before decades of overcompensation become entrenched. For women diagnosed later in life, it can provide an opportunity to reinterpret the past without allowing the past to determine what comes next.

There is no final version of an "integrated neurodivergent identity" that you need to reach.

The aim is greater self-understanding, self-trust, agency and fit.

SECTION 08

YOU DO NOT HAVE TO DO THIS ALONE

Self-guided reflection can be valuable, particularly when combined with good neurodiversity- affirming information and peer perspectives. But self-help does not have to replace professional support.

A psychologist experienced in autism and ADHD in women can help you work through grief, identity change, masking, burnout, executive functioning, relationships, disclosure and accommodations without treating your neurodivergence as something that needs to be removed.

A useful post-diagnosis pathway may therefore look like:

Understand → Reinterpret → Notice → Experiment → Accommodate → Connect → Integrate

It is not necessarily linear. You may move backwards and forwards between these stages many times.

The diagnosis gives you information.

WHAT COMES NEXT IS LEARNING HOW TO USE THAT INFORMATION TO BUILD A LIFE THAT REQUIRES LESS SELF-ABANDONMENT AND ALLOWS MORE OF YOU TO BE PRESENT.