

Audio Transcript for Episode 601: “Finding Your Normal: ADHD + Neurodiversity”

Please note: This transcript has been lightly edited to remove filler words or sounds.

KATIE MUMPER: The world is structured for *this* set of people and how *they* move through the world. And I have to figure out how to do that differently, because of how my brain works.

[music playing]

CHAD MOSES: You’re listening to the “To Write Love on Her Arms” podcast, a show about mental health and the things that make us human. I’m your host Chad Moses, and in each episode, we’ll be talking about the things that can often feel hard to talk about, like depression, addiction, self-injury, and suicide. We’ll be sharing stories and exploring big themes like hope, healing, and recovery. If any of the topics we discuss, or the stories we share, feel too heavy for you, know that it’s OK to pause, to restart, or to stop altogether. As we discover new stories, we hope to remind you, that your story is important.

[music playing]

CHAD: Well, season six of the TWLOHA podcast is officially upon us, and we’re excited for a number of reasons. First, we’re going to have the joy of talking to more of the folks who make up the To Write Love Team, and holding in-person conversations. Second, the topics that we’re diving into may feel a bit more culturally relevant. We’re going to be getting into subjects like: mental health assumptions made based on the way someone dresses, different types of counseling like art therapy or even combining several forms of therapy into one, using our bodies as fashion, and how that hurts our well-being, and we’ll even be addressing the burnout being experienced by teachers, parents, and students alike. And a third thing that we’re excited about is—well—you. The fact that you’re here. Whether you’re joining us for the first time, or you’ve been a dedicated listener from the very beginning, we are so glad that you decided to tune in.

In today’s episode, we’re focusing on two things that are rather intertwined. Two things that have become common topics and common language on the internet—especially on a little app called TikTok: namely, ADHD, and neurodiversity. To help us lay out some definitions, break down some long-held stigmas, and address the gray area of digital self-diagnosis, we’ll be accompanied by TWLOHA team members Sabrina Coyle, and Katie Mumper.

TWLOHA Graphic Designer, **Sabrina Coyle** is a Florida native and an avid creator. Almost every week, when she isn’t working on projects for the non-profit, she attempts to master a new hobby—sometimes with a little luck, but always with a whole lot of enthusiasm. Beyond work and artistic endeavors, you can find her cuddled up with her dog Luke while she crochets, plays Animal Crossing, or watches anime.

Our second guest **Katie Mumper** joined the TWLOHA team in 2018, after 12 years of experimenting with potential career paths. She now serves as our Director of Communications. Katie loves being a geek about a variety of things—like Doctor Who, Broadway shows, and her particular cross-section of TikTok—as well as being Aunt Katie to seven incredible young humans.

And I’m your host, **Chad Moses**.

I can’t wait for you to hear from both of them, so now that we’re all up to speed, let’s get started.

[music playing]

Chad

Today we're going to be talking about ADHD, and neurodivergence, and the places where those may overlap, and the places where they may feel completely different, and the ways we've come to understand what these terms are. So I guess let's start with that. ADHD stands for attention deficit hyperactive disorder. Frequently you'll see on TikTok, on Instagram, on the newest versions of new media— a lot of conversation around ADHD neurodivergence. That feels kind of fitting right? These are quickly digested pieces of information, pieces of communication, and so it's really only fitting that it's there.

So yeah, I guess with that, I'd like to kick it to Sabrina. Just wondering kind of how *you* found yourself in this conversation. I know that we sent out a questionnaire to all the staff, on who wants to talk about a number of topics that we hope to touch on this year in the season. But why did this one in particular, kind of emerge, as one you wanted to talk about?

Sabrina Coyle

Yeah, so I think it's interesting that you brought up TikTok, and these bite-sized videos of information that are now out there. And it really is — like, perfect, how that started the conversation. Because it provided a platform for people to feel more comfortable expressing the struggles that they deal with, and just the way that their brains work. And that's kind of how it tipped off to me, like, I've dealt with depression and anxiety, my whole life. And I've always been diagnosed as such. And it wasn't until I literally saw a TikTok, about different symptoms. And so I talked to a psychiatrist, just through video, and they straight up were like, 'Oh, you graduated college? Nah, you're good. You don't have ADHD.' And I was like, 'that seems— no, I don't know about that.' So I got a second opinion, and went through this whole testing, and all of that. And they're like, 'Yeah, you do seem to show some signs of ADHD. But it's mild.' And so I was like, 'Okay, — interesting. Where do I go from here?' So I started seeing a virtual psychiatrist, monthly. Just to keep on track, and know how to manage my symptoms. And she was like, 'Yeah, you have ADHD. It's all there.' And like, 'Okay, so my life is starting to make a lot more sense of how I tick.' And I was listening to a podcast on the way here, called "ADHD AF". It's ADHD, as female.

Chad

Ohh. Plot twist.

Sabrina

Yeah. So I learned that it's a lot harder to get a diagnosis, as a woman, especially as an adult woman. Because anxiety and depression are comorbid, with ADHD. So, that's typically what the diagnosis ends up being, which is what I've gotten my whole life. And after I started ADHD treatment, I started seeing improvements in my life, just understanding how to function. And also just like giving myself forgiveness and grace on things that don't seem typical to others. Forgetting to do certain chores or forgetting that I put my laundry in, like 10 hours ago, and now it's still wet and not dry. But that it's not right or wrong. It was interesting in this podcast, they talked about how neurodivergence is just a type of neurological manner in which you think, in which your brain works. So, being neurotypical or being neurodivergent, there is no normal.

Chad

Typical and normal should not be considered synonyms.

Sabrina

Yeah. Because if it was, it would be neuro normal. So looking at it that way. I was like, that's a good point. Because I mean, with what, seven, eight billion people on the planet, there can't be just one kind of person. It just means that neurotypicals are 'most people have this sort of brain process,' but not everybody.

Chad

I can't help but see Katie nodding. Katie, what brings *you* to the conversation?

Katie

So I am in the –I've been watching the TikToks. And I'm thinking that maybe this applies to the face of the situation, I have yet to pursue an official diagnosis or anything like that, but have had a lot of just moments of, 'oh, that's not how everybody exists and moves through the world.' And so, you said something about being able to make–look back at your life, and understand a lot of things. And that's been true for me, to just kind of have these moments of, 'okay, so this is why this is so difficult for me, or this is why this needs to–like I need this in order to be able to function, in a way that works for me. And explains a lot of friction, particularly in working relationships, that has existed too, and trying to figure out, 'okay, how do I work?' Then work around that. Figuring out the hacks and things like that. So yeah, so that's where I am. In the process and thinking about it. And then, I think partly because of who I am as a person, then also making me think about, 'so if I need accommodations in how I work, and how I interact with people, what accommodations that other people could potentially need. So like, how do we do that as a group? So if I need things to be a certain way in order to work well, but that maybe clashes with how somebody else needs things to be, how do we find those compromises to be able to fit together?

Chad

I'm so glad you brought that up. To what degree does empathy– change, or shift, or just evolve, conversation around these things? But I definitely want to take a moment just to acknowledge *how* these terms are defined in 2023. So we did some digging, and found that when we're talking about neurodivergence, or people that are neurodivergent, the Cleveland Clinic defines that rather, as a non-medical term that describes people whose brains develop or work differently for some reason. This means the person has different strengths and struggles from people whose brains develop in a more typical manner. And we talked earlier, like typical is not *normal*.

Katie

Or better.

Chad

Or better! Right. We're going to be talking mostly about ADHD, inattentive type. So the Cleveland Clinic defines people with ADHD of the inattentive type as people that have trouble paying attention to detail. They can be easily distracted, often have trouble organizing, or finishing tasks, and often forget routine chores, paying bills, transferring laundry, returning phone calls. And this of course comes with a number of stereotypes. I guess let's talk about the confluence of stereotypes, and stigma. We'll start with Katie. As someone that is not diagnosed, what are some of the terms that you are either trying to attach a piece of your identity *to*, or that you're hoping to distance yourself from?

Katie

I mean, I think the main one that comes up with ADHD, and the one that people are very relieved to understand *shouldn't apply*, is the word lazy. Because of the forgetfulness, or not even necessarily forgetfulness, but it's the– there's a lack of motivation happening with your executive functioning, with ADHD. And so for me, I have to *feel motivated* to do the thing that I need to do. Otherwise, I'm not going

to do it. And it's not because I'm lazy, it's because my brain literally just isn't making the chemicals, and the energy, that I need to be able to focus, and do what is required to fulfill that task. That shows up in a lot of different ways. But, being able to take the judgment out of that, to take the *morality* out of it. One of my favorite creators on TikTok, Casey Davis, she goes by domestic blisters on there. She has a book called "How to Keep House While Drowning." And she talks a lot about separating the morality from having a clean house. That having a clean house doesn't make you a more moral, or better person. And that you just need your house to function, in the best way for you. And as long as you can figure out what you need to do, in order to have that functioning, then go for it, and do that. And so I think, being able to look at my house, and look at my "doom piles", and knowing that other people are gonna look at that, and say, 'Oh my gosh— messy.' And I'm looking at it and going, 'I know exactly where in that pile that thing is that I might need.' And if it gets moved somewhere else, I lose it completely.

Sabrina

Totally.

Chad

Do I hear an amen coming from Sabrina?

Katie

You know, so understanding that it's like, again, it's not bad or wrong. It's just different. I'm not a bad person, because I think or work this way. Yeah, I think those are probably some of the main things for me.

Chad

Yeah. What are some other kinds of —yeah, connotations that arrive with a diagnosis like this?

Sabrina

I mean lazy was the first one that came to mind. But as far as an inattentive type, because that's what I am, being a daydreamer. From what I've read, an inattentive type is like the opposite of—well, not the opposite, but it's not the kid that's distracted by a lot of noise, and things going on. It's more like you're just kind of out in your own—own lala land. Looking back, that was me, I was always the daydreamer. And I wanted to also talk about the messy house, sort of thing. Growing up, my mom would always get onto me about my room being messy. And then she would always clean it. Before I even had a chance to do anything, and I could not find anything. I couldn't stand it. And to this day, living with somebody who is starting to understand my neurodivergent tendencies, he's having to learn that you can't move all of my things, because I won't see it ever again. So it seems like there's clutter everywhere. But really, it's like, I know exactly where everything's at.

Chad

It's almost like inattentive is too small of a word for it, because I feel like—rather, what I'm hearing, is the ability to be attentive in a different way.

Katie

It's selective attentiveness.

Sabrina

Because it might seem like I'm not listening or something. But really, it's like, I can *really* focus in on things. I can know details that people are telling me, that they don't realize I'll remember, like 10 years from now. That might seem like a small thing. And I feel like that makes me a good gift giver, because I've picked up on these little details. But it's more that, selectively, what I am interested in, at this moment, that

is what's going to draw my attention. It's usually the task that I need to do at hand, when it feels like there's too many moving parts to it. But I've already started this other project that's totally unrelated, and maybe not even part of my work. I want to focus in, on all of that. Even though I'm like, 'okay, but I need to get *this* primary task done.' There's so many. It's the whole idea of all the different moving parts that make it difficult. And that's where executive function comes into play. Because it doesn't look like one thing, like washing dishes isn't just one thing. You have to suds up the dishes, you have to scrub them off, you have to put them in the dishwasher, then the dishwasher finishes. You have to put them all away. There's stuff in the sink. Now I can't put this other stuff in there. You think about it in so many different steps, that it's just overwhelming and feels impossible.

Chad

Yeah. And so it does become very attractive to think about something else, maybe something that doesn't have a process tied to it. So, you're talking about some of the stigmas that are attached to ADHD and neurodivergence. And I think from there, it's fair to acknowledge that a lot of those stigmas, a lot of those stereotypes, are really tied to how we have classically understood this. Through the DSM where we *know* that so many of these findings have been based through the lens of cis white males. So, we know that there's 8 billion people, not all of them are cis or white or male. Yeah, I guess from that perspective— how do you feel either included, or excluded, in ways that we've typically understood what ADHD looks like?

Sabrina

The whole process of getting a diagnosis is all over the place. You know? And so that's also very discouraging. It makes an individual not want to go through with it, especially when financials get into play, when life situations come into play. And it just doesn't seem like a priority. And when you don't get diagnosed until you're an adult—as a child growing up through adolescence, you develop masking, and all of these different coping mechanisms, that you don't even realize you're doing. Just so you can feel like you're fitting in. You don't know that you're doing that to fit in, but that just kind of encourages a misdiagnosis.

Chad

Yeah. I can't help but compare and contrast who I'm talking to, and how I remember being exposed to ADHD. So even now, it's hard for me to break this mental block of ADHD. 'Oh, must be an elementary school, rambunctious. bouncing baby boy.' You know?

Sabrina

Exactly.

Chad

Katie, how about you, and your experience?

Katie

Yeah, similar in that thinking. What you were just saying about masking and fitting in. That is something that women, and non-white people, have had to do for literally centuries, because of the way that the system is built. And particularly for people of color, it could get you killed if you don't fit in. And so that has created these masking situations to make ourselves fit what has been defined as typical. Whereas white men are, to some extent, allowed to not fit that. And then we figure out, how do we "fix them" so that they can be part of what is acceptable or what's accepted? I was always the kid sitting in a corner, reading a book. My mom had to yell at me to put down the book, and go outside. I was not hyperactive in the physical sense. In any way, shape, or form. But I was sitting, reading a book while also listening to music, because I need that auditory stimulation, in order to take in information. And my family did not understand

that. And so like, looking back now to understand, okay, so that can be part of ADHD. But that's absolutely not the end. And I feel like, probably when I was in middle school was kind of the time when it felt like—at that time, it was called ADD, and it was becoming a thing. And more people were— mostly the white cis men, boys in my life, —were being diagnosed with that, because they couldn't sit still. And they were disruptive. And once something becomes disruptive, then it gets addressed. But if it's not, because you've learned how to keep it all in here, then it's not going to get addressed. And again, if you don't know that it's not “typical” and it's not how everybody else is experiencing the world, then you just think, “Okay, well, this is just how it is for me.” I'll figure out how to deal with it, and go on with my life.

Sabrina

Right. And like the generational cycle, at a certain point, you just have to break it. But, even just talking to my grandma, she was telling me how, when my dad was a kid, his doctor was like, ‘Maybe he should try to take Ritalin. He's pretty, pretty wild.’ And my grandparents were like, ‘Nah.’ And so as it turns out, my brother and I both have ADHD. Because he got checked. Turns out, my dad probably has it. Because it is a genetic thing too. But when generations ignore it and ignore it, then you don't think to look back and see like, ‘Oh, is this something that's common throughout my family?’ When I first sought a diagnosis, I was told, ‘Well, you graduated college. So there's no way that you have ADHD.’ It was literally a 30 minute conversation. And I was like, ‘Whoa. I mean, I could also tell you that yeah, I graduated college. And it was *difficult*. I struggled in a lot of different ways, throughout my courses. Looking back now, I'm like, ‘Oh, my gosh, if I knew then what I know now, things would have been so different.’ And granted, I don't regret where I'm at now. But I mean, just how much I struggled with tests, and memorizing things, and having to remember every little assignment that I had to do. Remembering every little step. Gosh, I'm like, ‘How can a diagnosis be met in just 30 minutes, talking to a stranger?’ From there, I went and did a diagnostic assessment. And it was a three hour assessment. And maybe like, the first 10 minutes of that were them asking me some questions. It was kind of the standard, ‘Oh, what brought you here today?’ And, ‘Why do you think *this*?’ And then from there, it was, ‘Alright, arrange these shapes into this certain shape.’ And then, ‘Add up these problems.’ And that progressively got more difficult. And I didn't understand any of it. I was like, ‘Okay, I'm just going to do this for three hours?’ And then two weeks later, they're like, ‘Yeah, we can see something.’ And I was like, ‘Okay.’ And then from there, talking to a psychiatrist more in depth, who took the time to understand who I am as a person, and things I've dealt with in my life, and *now* helped me understand everything a lot better. And also, I guess, get this confirmation. That helped me feel more validated. Because originally, seeking a diagnosis was purely just to rule different things out. A lot of people were saying ‘You don't have that.’ My own mom was saying, ‘You don't have that.’ Even when I was like, ‘I got a diagnosis.’ She's like, ‘Nah.’ So it's hard when you don't have that kind of support. Because then you're questioning yourself, and there's this identity, you know.

Chad

And I reckon something to *grieve* also. Like man—

Sabrina

Right.

Chad

If only—I had seen therapist X, Y or Z earlier. If only, I'd learned about these tools.

Sabrina

Well, I was also, like, relieved when I got the diagnosis because it answered questions that I had been asking for years.

Chad

And Katie, as someone who is not officially diagnosed, but someone that is well acquainted with a number of diagnoses, just in the world that we operate in—yeah, I guess how are *you* framing this conversation in your own experience?

Katie

Yeah. I mean, I think part of it is— honestly, I feel like some of ADHD, is knowing that there might be a thing, but not doing anything about it, because it's overwhelming. And I don't know if I really want to know. I mean, in some ways. And figuring out how to navigate—if I do have a diagnosis, what does that mean? What does that help? What does that potentially hinder? And those sorts of things. I think also just kind of along the lines of, you know, the privilege that is part of that too. Of being, I mean—you three different people, or, you know, folks that you talk to, and so having the time, the money, I'm assuming that's involved in all of that, too, to be able to have those conversations. And so thinking through all of that, and how that looks different for different people. And then understanding the layers of a 30 minute conversation that said, 'You're *probably, potentially*,-- in that, you're a woman, and you graduated from college, so you're good.' Versus, somebody who is a person of color, the added layers of those things, and how the behavior that is potentially part of a diagnosis can get labeled as something else. Particularly for people of color— that's not ADHD, that's just how “*you people*” are. And so being able to understand how all of those different things intersect, and overlap in terms of figuring that out. And making the time. I'm also the kind of person who— I mean, I've lived here for four and a half years, and I have yet to actually go to a primary care physician in Florida, like just taking care of myself, in that sense, is not a strong suit for me. And I do think that is part of potential ADHD-ness.

Sabrina

Oh yeah. There's so much irony in it. It's like, okay, you need to go to a doctor. But I struggle, like scheduling things and having to take the time to do that. And then I also have to go and do it. And then after that, I might have to go back. And now they want me to take medicine at a regular time everyday. And I have to remember *that*.

Chad

It's just adding more to this list.

Sabrina

It's just ironic.

Katie

And I did want to mention too— as we're having some of this clinical conversation, the word comorbidities is a morbid word. In my opinion, we need a better one. So people with ADHD, depression, anxiety, go along with that. Eating Disorders, they can be more prevalent for folks who have ADHD. And then also, suicidality can be associated with that. And as we are *recording* this podcast, there is a shortage of Adderall in this country. And there are people who are going without medication, which helps them to be able to focus their thoughts, which can also be a part of suicide prevention. And being a suicide prevention organization, that's part of what we do and think about. And so, it's a social justice issue, but also just all of the different aspects that go into suicide prevention, as well. You know, you wouldn't think of it. But having access to that medication, to be able to get your brain to do what it needs to be doing, to keep you safe, literally, physically, is also important. And so again, all the layers of privilege and just the way the world works. And part of that is potentially because of the fact that ADHD diagnoses have spiked in the last couple of years. Because the pandemic has kind of created the situation of being at home,

having more access virtually to people, to have more of the in-depth conversations, to be able to get to a point of going 'You know what, maybe you do have ADHD', and then going from there.

Chad

Let's kind of talk about how, the advent of— not only the pandemic, but also the emergence of TikTok happening— during that time, like, that was the big boom. And then people have more time than ever before, and fewer accountability structures. Like it's easier to doom scroll at home, than it is at the office. I can't help but acknowledge *that* as a potential silver lining of this. So people that began to use social media, as a way to express bits of their truth, bits of their experience, and how that overflowed onto y'all. How you've come to understand *your* experiences.

Sabrina

I think it's honestly a blessing, and a curse. While it's provided, again, this platform for people to educate others, and also just express their own lived experiences. It also is a space that can get really confusing, and there's a lot of misinformation out there. And it also provides a space to create new stereotypes, which is really difficult, especially when we're dealing with privilege, and who actually has the means to get a diagnosis, or understand if that's the right lane to go in. I remember that I found information on TikTok. Another thing I got was, 'Oh, everybody thinks they have ADHD now.' Well, *maybe*. Maybe that is true. Maybe every person has some spectrum of neurodiversity in itself. The term itself is that it is a spectrum. That includes being neurotypical.

Chad

So, more pros and cons of self-diagnosing in the internet age.

Katie

Yeah, I mean, I think it's kind of important to think of it as a starting point, and not necessarily the ending point. I think it does. You know, we both have talked about the fact that it gave us potential words to describe or talk about our experiences, which is so important. And to be able to even just get to a point of going, 'Let me maybe go talk to a professional about what I'm experiencing and see if this is this.' And I have seen videos from mental health professionals who have talked about the fact that Autism, ADHD, complex PTSD, depression, and anxiety, all have intermixing symptoms in the ways that they can show up. And so being able to have these conversations around if it's something that kind of has existed since childhood, then yes, maybe autism or ADHD. If it's something that's been more of a recent onset kind of a thing, then maybe there's some trauma involved, and it's a trauma reaction. So being able to have those conversations, and figure that stuff out. But also, at the same time, knowing that there *is* a level of privilege or multiple levels of privilege involved, in getting an actual diagnosis. It is important to be able to at least have the space to say, 'Okay, I do resonate with this person and their experience. And *these* are the things that they are sharing that have been helpful for them. So let me see if I can try them.' And at the very least being able to release some of the stigma, and the judgment of yourself, and to be able to create that space of forgiveness, or grace, or whatever you want to call it of, 'This is how I exist in the world. That's how my brain works. And that doesn't make me a bad person. There's nothing wrong with me. It's just that the world is structured for *this* set of people and how *they* move through the world. And I have to figure out how to do that differently. Because of how my brain works, which then gets into the whole, like, these are all disabilities, as well, which puts us into the disability conversation and community and understanding that aspect as well. And that disability mostly exists because the world is set up for people who are able to navigate it physically, mentally, emotionally *this* way and not *this* way.

Sabrina Coyle

Yeah, well, and I think like, one of the positives of social media, though, is also that there are so many therapists, ADHD professionals, and experts, that are willing to go on and talk about it.

Chad

Yeah, let's talk about that for a second. With the idea of Tiktok, and Instagram reels and these visual bite sized pieces of getting information, I think it's cool that I can see in one swipe of my finger a licensed dermatologist, a licensed podiatrist, a licensed nutritionist, a licensed mental health professional.

Sabrina

That's free!

Chad

Yeah, yeah, yeah! But at the same time, I can see people who are expressing a chapter of their own life, or a segment of their own life, that may or may not fall within a specific diagnosis. We are often unreliable narrators of our own story. We need other people to help kind of ground our experiences.

Sabrina

That's why you need discretion. You know, when you're going into this, – depending on who you're watching, you have to decide for yourself, like, where do I take this information now.

Chad

Katie, as our resident extremely online individual, what would you pose as some good guidelines? For fact-checking, on this internet space?

Katie

Yeah, I mean, Google can be a good thing. I think– we talked about medication. Medication is something that I mean, obviously, in this specific situation–you're gonna get a prescription from a medical professional; that's how that's supposed to work. And so, if you are finding yourself in a situation where you are pursuing something substance-wise, that you are ingesting, that is supposed to be able to fix you, or help you in some way, there *needs* to be a medical professional involved in that process. If there isn't, then there's potential for problems.

Chad

Beyond just not taking the correct medicine–

Katie

Right. Finding the right amount.

Chad

Making sure that– well, *that* trial and error. So many of these neuro-affective medications, they don't fit every brain the same way. And even then, just being hyper-aware of where the supply is coming from. So be wary of self-diagnosing, certainly beware of self-medicating.

Katie

Yeah. And then the other thing I would say is that, like, for me, I tend to be wary of people who are–to go back to the prescribing thing– prescribing something, not medication-wise, but saying, 'If you do things this way, this will fix everything for you or make everything better.' Because the reality is that's not–and particularly with ADHD, routines can be helpful, but then they become boring. And then they stop working. And so like having– if somebody's acknowledging that, 'It doesn't work for everybody, but this is what I

found helpful for me.' That feels like a person that I'm more willing to trust than somebody who's just putting blanket statements out there, like ' A) ADHD looks like *this* for everybody and so B) therefore this will fix everything for everybody.'

Sabrina

Then there's the other layer of, is ADHD becoming a *trendy* thing? Is it a content creator? There's so much content on ADHD out there, and mental health now. And it's like, is this *genuine*? Or is this just for the branding? Yeah, yeah. So again, it's just up to your discretion. And it's good to touch more on the medication aspect of it. Because that's another layer of difficulty that plays into this. That's another financial layer. That's another—you know, do I *want* to be medicated? I do take medication. And I was someone that was afraid that it would change me. That's not its purpose. So there's a lot of misinformation on medication, too.

Chad

Yeah, so we're gonna take a quick break. We're going to pick up right where we left off in ways in which the diagnosis turns into a "So what now?" and what that means for us. So we'll be right back.

[music playing]

BECKY EBERT: Hi there, it's Becky Ebert, TWLOHA's editor and producer. I want to talk to you for a moment about something specific: T-shirts. To Write Love on Her Arms has always sold t-shirts as a way to help fund our mission—the mission of hope and help. But the products we sell in our store do so much more than help us financially. Each piece of merchandise is a conversation starter. It spreads the TWLOHA message to someone who may not have found out about us otherwise. So whether you wear our shirts, hats, hoodies, or rain jackets, we want to thank you for bringing a message of hope and help wherever you go. To see our latest designs, head to store.twloha.com now and use the promo code PODCAST20 to receive 20% off your entire order.

[music playing]

Chad

We are now aware of our varying levels and varying experiences of neurodiversity and ADHD. I've been looking at TikTok and I've seen enough 'you may have ADHD, if...' Yeah, you know, it kind of turns into, like—

Katie

Put a finger down. Put so many fingers down.

Chad

Right, like, you know, gamified. But then it turns into—to what degree does this become an axis shifting reality? Now that you have a diagnosis.

Sabrina

Right, so again, like from there, it can be really intimidating to keep the momentum going. Do I need medication? Or do I need to just change my lifestyle? Do I need new routines? How do I continue those new routines? I'll just talk about medication. When it comes to medication, I think there's so much stigma around it. I think it's something that's easy to be afraid of, because you don't know how it's gonna affect

you. Because medication affects everyone so differently. So again, like, what works for Person A isn't gonna work for Person B necessarily.

Chad

Okay, well let's just talk about a person— Sabrina. You are someone that works with your hands. You draw, you create art, and then we'll kick it to Katie, who does art with words. What is the fear of upending your *previous* normal? And how would that affect your creative self?

Sabrina

I guess I was afraid that it would shut down my creative self. That I would just be this emotionless person, that just skated through. And I think that's just because that's what I've heard. You know, from different people or not even from people who have taken medication.

Chad

Yeah...there's a stigma, right? Like, you know, these people that haven't walked the walk, driving the conversation. That's wholesale unfair.

Sabrina

Yeah. And, I mean, a friend of mine that was taking— I think they were taking antidepressants, which also, there are certain ones that have stimulants in it, which is what a lot of people are prescribed, who have ADHD. It made them just feel very numb. And I am a very emotional type of person. I feel like I wear my emotions on my sleeve. And I embrace that part of myself. I don't want to lose that. And so as a creative person, I was like, 'Man, if I start taking medication, is all my creativity gonna go out the window? Am I just going to feel nonstop burnout? Am I going to feel artist's block all the time?' For me personally, once I decided to just give it a shot. After talking to you know, my primary care doctor, my therapist, and my psychiatrist, I was like, 'Okay, if I don't like it, if I don't like how it affects me, I can stop.' Simple as that. And so I first started taking an anti-anxiety SSRI. And I noticed that it did help. And I didn't feel like I lost control of myself. Because that's another thing. Like, I don't want to feel—I already felt out of control. I already felt like I didn't have a handle on my own emotions. And so that *actually* was the start of me feeling—starting to feel “normal”. And then I started taking small doses of Adderall with my antidepressants. And it took me a couple of different tries to get a mix that worked right for me. And for I think the first time in my whole life, I'm like, 'I can function!' I was like, 'This is so *wild*. Is this what people do? You can just wake up and have coffee for half an hour, before you start doing everything? You don't just sit and ponder the world in bed, for like two hours straight?' I was like, 'This is pretty life changing for me.' So, that's me. That's what worked for me. But I also worked with my psychiatrists that I see every month. 'Okay, I've noticed that this is actually making me extremely tired every day. Or this is making my heart rate skyrocket, and it's making me anxious.' And so it really takes experimenting, and trying different things. And that isn't just with medication too, just your lifestyle. And it takes effort. That's another layer of intimidation that makes it so easy to just want to give up. You know, medication isn't the thing that's going to fix you. Your psychiatrist or therapist isn't the thing that's going to fix you. These are all tools in your toolkit for you to take advantage of, and use in the best way that makes sense for you. But you have to remember that. You can't just think that something else is going to fix you. Nothing is going to fix you. You fix you. You work on you. And it's also not about fixing. It's just about doing things differently that make sense to you. You don't need to be fixed.

Chad

Absolutely. I'd love to talk about some of the bits that make *you*, you. Not just your creativity, but other aspects of yourself that you know, are intrinsically Sabrina, are essentially Katie. At *To Write Love*, we are familiar, at the very least, with the Enneagram. Have y'all done much digging into what type you are?

Sabrina

I knew this was gonna come up. I'm not gonna lie, I don't know a lot about Enneagram. I just know that me and Katie are the same.

Katie

Yeah, we're both fours. I am intrigued as to whether there's any connection on that front too.

Chad

As am I. So, you know, four, those reside within the heart type. Those are people that are listed as being "the creative". Listed as being the people who are attracted to the idea of story, people that really lead with their heart, and how their heart can fully grow within themselves. And these are deeply *compassionate* people. To what degree, does a diagnosis or identifying neurodivergent or ADHD tendencies within your own life—is it difficult to hold a lot of heart-forward stories within you? What does it look like to go through this world—with so many different things that you're juggling in your mind? And also so many different things that you're juggling within your heart?

Katie

Yeah, I mean, I think the fact that hyper-focus can be a part of ADHD, I think that has been a thing for me of learning how to *not* hyper-focus or hyper-fixate on the stories, or the feelings that can come with that. I don't have to carry those things. I am also very much an empathic person. So I'm usually very aware of how everyone else in the room or even virtually is feeling, which can be hard to carry as well.

Sabrina

It's like being a chronic people-pleaser. It's so easy to just worry about everybody else around you, and try to make sure everybody else is comfortable. It goes hand in hand with ADHD. You know, when you learn how to mask and learn how to blend in, that's what makes you want to make sure that other people are comfortable.

Chad

And I don't reckon that the mask has completely fallen off. The mask probably still is within arm's reach at times, but does the mask feel a bit lighter?

Sabrina

Yeah. I think it can also be kind of a tool. Say, if you are struggling to work on a project? For me personally, it actually helps having somebody working alongside me, next to me, but not really talking to me. Like if there's just another person. And I don't know if that's kind of like masking, because if they're working, then it makes it easier for me to work. Same thing goes at home with chores. If my fiancé is working or doing chores, then I can also do chores. But at the same time, it's like, 'Oh, man, he's doing that. That means I need to be doing that, so that it looks like I'm also doing that.' It's funny, because there are times where I don't want to be around any other people, otherwise it can be extremely distracting. It has to be specific things, like specific music that I can be listening to, or a specific setting. I end up being very particular about the way certain things are in my surroundings, because I'm very much a product of my environment.

Katie

With the last— now three years of working from home, and figuring out what that looks like, and now trying to navigate—what would it look like to potentially come back to the office more and have more of a hybrid situation? Where at home, I can very easily adjust my environment to be exactly what I need it to be. I can

sit on the couch and turn on a TV show that I've watched 12 times before, to just be background noise while I'm working to help me focus. Whereas if I'm in the office, people having conversations isn't background noise, because I want to know what's happening. And I want to be part of that.

Chad

So how scary is change, to the ADHD mind?

Katie

Oh God. I hate it.

Sabrina

Scary.

Chad

Very scary. What are ways, knowing that change is inevitable—

Sabrina

But also—okay. See, there is—again, no one answer. It's scary, but also not. So exciting. Yeah. Like, 'Oh, *something new*. Even just coming in today. I mean, I work remotely three hours away. But it's a nice change of pace for me to be able to come in, and actually talk to people in person. It just changes up my day-to-day. So it's like having a healthy dose of both.

Katie

Yeah, I need advanced notice of change. For the most part, being spontaneous is not always helpful for me. So a friend of mine, who has an ADHD diagnosis, was talking about the fact that if she has planned that tomorrow she doesn't have anything happening during her lunch hour, so this is what she's doing is kind of an hour for herself. And then that morning, somebody says, 'Oh, hey, let's do lunch,' that now is frozen, and it's thrown everything off. Because this is how I was prepared for my day to go today. And now, I'm probably gonna say no to you. And it's not because I don't want to have lunch with you. It's because my brain doesn't have enough time to process that. And that then even goes into work things. So working in communications, a lot of stuff is planned ahead so that we can have all of the time that we need, to get all of the images created, and write all of the words, and get everything together. But sometimes we need to respond to something that's happening in the world, or maybe something just needs to get added to the schedule for whatever reason. And it's a lot harder for my brain to be able to switch out of the structure, and the process that we have in place, to 'Okay, now we have to throw this other thing in here. And what does that look like?' And so my tendency is going to be to say, 'No, let's not do that.' And so learning how to be able to say, 'Okay, yes, we *can* do that. It's important. And so let's take a minute to figure out what needs to happen.' Because again, it's not just one task, there are 12 steps that are involved. And so how do we make sure that all of those steps can happen in a way that doesn't throw everybody off of what they're already working on, and what they're doing?

Sabrina

It just makes me think of like—Chad, you and I always talk about cool ideas and new things that we can do. And I love those conversations, because I'm like, 'That sounds so fun. Let's do it.' And in the moment, I'm not thinking of all the work that goes into actually making that happen. I'm just like, 'Yeah!' And that's what led me to tie-dyeing 720 t-shirts.

Chad

I recall. But, did you know that shirt is still one of my favorites?

Sabrina

That's awesome. No, I like that shirt. And I just think it's funny. I'm like—that's the spontaneity in me—that's just like 'Yeah! Let's go for it.'

Chad

But that was also— that tie dye era—was well before, self-diagnosis or professional diagnosis, and certainly before, you know, developing a robust toolkit. So from there, how have you felt your professional life shift? Since, you know, call it BC and AD, you know, before diagnosis, and now a couple years into learning how to operate in a more productive and self-compassionate way?

Sabrina

Well, it's with maturity and just becoming a vet here. Like, now I know some of the limitations and I know that I can be overly ambitious, is how I've been described before. I think I was asked, 'What is one of your weaknesses?' And I was like, 'I've been told I'm overly ambitious, and I put too much on my plate at once.' But with that, now I can put these things on a list and be like, 'Okay, what can we do right now? What can we start working on? What are the potential difficulties in trying to do this that is going to lead to burnout?' That's an important thing I think about now. Is this something that's going to just be too much—on me? And even then I still do it. I think it's possible to find different ways to change up your day-to-day and your job, to make it more fresh and exciting.

Katie

Yeah, so going back to the idea of things having to have some level of novelty, like getting bored with something can be typical, because of the dopamine that is needed in terms of executive functioning, and how that just doesn't work for an ADHD brain. For me, it's always been going back to that original definition of ADHD, and the struggle with organization. The joke for my family has always been that I am *super* organized for anything that's work-related. Like I have spreadsheets and color-coding and all of the things very detail-oriented and detail-focused but my house is usually "a mess". I haven't been to a doctor in multiple years, like all of *those* things tend to not seem organized, but yet I can be organized over *here*. What I *have* learned is that my brain is very systems and process-oriented. And so I've been able to really spend a lot of time and energy *here* building and creating those things. But also within that, I am still trying to figure out—transition within the job that I've been in for four-and-a-half years is difficult to navigate and figuring out how to get from *this* system-in-process that has been working, to a new system-in-process. This works for the team. But then within that in my role, what does it look like? For me to figure out, what does my day need to look like? What does my week need to look like, so that I don't forget the things that I need to do? That everything that gets done needs to get done. That I don't get super distracted by the 12 million messages on Slack. You know, how to navigate those things in a way that works best for *my* brain to be able to accomplish the things that I need to accomplish. And then also having that level of forgiveness and understanding for myself and even for other people.

Chad

We've been talking about tools and toolkits, it feels like there's two completely separate tool boxes at play here. You have the things that help you cope with diagnosis, with reality, with your experience. And then there almost seems to be another toolkit, for what happens when these tools don't work. Where do you turn to when, despite all your processes, despite your therapist, despite your medication, despite the things that you put in place to be as consistently productive as possible, when you don't hit the mark that you were looking for? Where do you go, in order to almost kind of self-therapize? To care for yourself.

Sabrina

I think like, first off, just telling yourself, 'It's okay. It's okay, you're gonna fail sometimes, it's not always going to work the way that you want it to work.' And being at peace with that, helps a lot. Knowing that tomorrow is going to be a new day and I can start over. And that's okay. Like, you know, it's not a linear process, its ups, and downs, and sideways, and front flips. So first off, just telling yourself, 'Hey, this didn't go the way I wanted it to today. But I'm going to try again tomorrow. And even if it doesn't work out tomorrow, we're just gonna keep trying.' And that's the best I can say for myself at least, is that I'm just going to keep trying to do my best, even if my best looks like just getting out of bed one day, versus my best being, I finished a giant project that I've been working on for months.

Katie

Yeah, I would agree with that. I think, similarly, learning not to compare myself to anybody, but especially to people who don't have ADHD. And then within that, understanding that the goal isn't necessarily to become neurotypical. The goal is to figure out what works for *you*, to be able to accomplish what you need to accomplish. And one of the things that is repeated across all of the content that I consume on this topic is that, routines will work for a time, and then most likely, you will come to a point where they stop working, and that that's okay. It's just time to figure out 'What does the new routine need to be?'

[music playing]

CHAD: A big thank you goes out to Sabrina for her transparency and vulnerability, in sharing her experience with an ADHD diagnosis, and how she goes about treating it. And an equally big thank you goes out to Katie for her insight, honesty, and compassion. You two made this conversation not only possible, but thoughtful and reflective.

And, of course, to you, the person listening, thank you for spending an hour of your time with us. Maybe you're wondering if neurodiversity plays a role in your existence, or perhaps your understanding of ADHD has expanded. Regardless, we're here to walk alongside you, throughout any, and all of it. You're in good company, and we're glad you're here.

[music playing]

CHAD: We hope this episode has been a reminder, that your story is important, you matter, and that you're not alone.

If you're struggling right now, know that it's OK to reach out, and that there are people who want to help. Part of our mission is to connect people to the help they need and deserve. You can find local mental health resources on our website [twloha.com](https://www.twloha.com). That's T-W-L-O-H-A.com. And Click FIND HELP at the top of the page.

If you're in the US or Canada, and need to talk to someone right now, you can always text our friends at Crisis Text Line. Simply text the word TWLOHA— again, that's T W L O H A—to 741741. You'll be connected to a crisis counselor. It's free, confidential, and available 24/7. For a list of crisis support resources for listeners living outside of the United States, please visit [TWLOHA.com](https://www.twloha.com) and click on the International Resources tab.

Finally, if you've enjoyed this episode and you want to hear more, we really hope that you'll subscribe wherever you get this podcast. And if you can do us a favor, we'd really like for you to write us a review. It'll help more people find this podcast and the mission of TWLOHA. If you have any feedback or questions, please send us an email to podcast@twloha.com.

A big thank you to our friends at Copeland for the original music on this episode. The To Write Love on Her Arms podcast is produced by Rebecca Ebert. Music assistance was provided by James Likeness and Ben Tichenor. And again, I'm Chad Moses, thank you so much for listening. We're glad you're here.