

(September 20, 2022 14_00)nONHeJDk5TMv-N620RBnEfJ652wgsPH4Z1...

Tue, 9/20 9:56AM 49:10

SUMMARY KEYWORDS

people, pcos, conversation, happening, autistic, bisexual, queerness, queer, diagnosed, autism, prefrontal cortex, drudgery, understand, divergence, doctor, person, important, sexuality, link, day

SPEAKERS

Molly Hicks, Angela



Molly Hicks 00:02

Welcome to drudgery dreams and in between the podcast for neurodivergent weirdos and queers who forget about struggling to adult, they're struggling to human.



Angela 00:09

At least that's what everyone's telling us. Near writes,



Molly Hicks 00:12

per usual.



Angela 00:14

But seriously, I mean Angeles people call me Mama pistachio bringing sense to the conversation. I help individuals and organizations cultivate skill, spaces and confidence to advocate for themselves and each other.



Molly Hicks 00:27

And I'm Molly giving a big fourth unit cookie cutter solutions I help busy as fuck neurodivergent entrepreneurs make shit happen by bringing stability to their businesses, while helping them do what makes sense to their brain.



 Angela 00:38

And that's what the chitchat, let's get down to business. What's the freaking point?

 Molly Hicks 00:42

With our powers combined, we navigate life through the drudgery, dreams and all that shit in between. Like, we were already having these conversations anyway. So why not record them? Right?

 Angela 00:53


Alrighty, then. Get ready to call bullshit on what everyone's saying, should be doing as we navigate the spectrum between what your heart wants, and the shit keeping you from it. Oh my gosh, it works.

 Molly Hicks 01:15

All right. We're here for episode 220. Yes. And so thank you, everybody who listened last week, or to last week's episode. We really appreciate it. And we're super excited to be here today because we're talking about all things neuro divergent and queerness. And it's very exciting conversation. Yes,

 Angela 01:33

it is. Because it is bisexual awareness. I'd prefer to say acceptance week. And then the 23rd is bisexual visibility day. Yeah, so we have to talk about our queerness today because I mean, why not?

 Molly Hicks 01:54

Because it's who we are. Making sure everybody understands who we are. So, yes, so Angela, I have never heard how like, like, I've never heard your story about your queerness. I mean, like, I know that you're here. And I know how that plays out. But like, I've never like, I've heard bits and pieces, but I've never actually

 02:21

never had that conversation.

 Angela 02:22

Oh my gosh, oh, two years. I know. Well, I guess for me, I don't think that there's a there are a lot of stops and starts. But there's not a like big, you know, revelation or anything. As a kid, I

did not I just flat out did not understand what it meant. To not be able to love whoever that that just it never made sense to me. I didn't understand it. I didn't understand the things that were coming out of the mouths of people around me. Like, why are you saying that about that person? And why is that bad? And it just never made any kind of sense to me. And I just like to I liked when did I know? Like no, no. That I'm I like anybody. I like the first girl. The first boy that I loved was like seriously first grade. Okay. The first girl that I loved was sixth grade. And I was like, madly in love with her. I would have I would have married this girl. Like, I would have married had a family like she was my best friend. She never, you know we had conversations. But it just never. She didn't get it. Like she just didn't get it. And so I did not have the flat out like I'm gonna sit you down. Like there was a lot of fear. I came from a really small town and there was just so much fear around all of that. She didn't care that I like everybody. She just didn't get that she was my main and attraction. You know, and she was my best friend for the longest time and then I was in my 30s and she and I were on the phone with my cousin I lived in Montreal at the time Hmm. And he says to her, he's like, after all of these years, you still don't get it. And he just like, I, he was just being protective, I don't know. But he just like, laid into her, and told her and she was like, I'm sorry, I didn't, I would have tried. Um, we I haven't spoken to her in years, though. Now, like when I divorced that didn't make her happy. And, you know, things happen. So that I mean, that's all part of my story. When I had cancer, when I was 35, so I'll be 11 years cancer free this November. That was when I was like, I'm not like I am, who I am. I'm, I'm who I'm going to be. And I'm going to stop pretending otherwise, to make other people feel comfortable. So that's when the conversation started happening. But I don't know. It just doesn't automatically pop up to me to have that conversation. I remember when, like, having a meeting, you were there with Heather one day. And I was like, blah, blah, blah, blah. And I'm queer and my clients, and she's like, What? Like, how am I your coach? Yeah. How am I your coach? And I don't know that you're queer.



Molly Hicks 06:50

Yeah. Same conversation happened with me and her as well.



Angela 06:54

And I guess, well, because to me, it wasn't like, I need to be telling everybody all the time. You know, like, heterosexual don't walk around and go. I'm heterosexual. I'm heterosexual. I'm heterosexual. But then the more we started having conversations, the more I was like, I do need to be having this conversation out loud. Yeah. For all of the reasons. So that's kind of my story in a nutshell. I mean,



Molly Hicks 07:31

yeah, it's much more, but I think that's my shell. Okay. I, I think it's funny because we talk about all the parallels in our lives a lot. But my similar like, I had all the crushes on all the Disney princesses. And like, all you know, like, or Xena Warrior Princess.



Angela 07:53

Oh, hell

On, nell,



Molly Hicks 07:55

you know, like, like, and like. So all those things growing up. And I agree. I do remember, like, the first time I kissed a girl. And I went, it's really no different. Like, I just remember that thought like, it was the moment of like, and I feel bad. Because I was like, I just did, I was not into this specific person who kissed me, which I felt bad about. But at the same time, it was like, it's no different. Like, I don't like her that loud, that specific person that way. But it really isn't any different. And I remember that kind of moment. But other than that, I've always liked girls more than boys. I just didn't. So I think I'm actually more scared to tell girls that I have a crush on them than I am guys because it's conventional. Right? I remember being madly in love with several best friends. And just like, in some of them were queer, but they were in relationships. And I didn't want to like mess up that dynamic. And so I just like on the sidelines would like be the third wheel. Right. awkwardly be there.



Angela 09:12

Yeah. So yeah,



Molly Hicks 09:15

but I mean, but in reality, there's no like, true coming out of, of it. It's just always been there. Okay, but I, okay, let's go on to the things that you prepared.



Angela 09:29

Okay, we can just admit, but I have to say, I have to say, I use the queer label. I used the bisexual label for a long, long, long time. Because that's what was there. Right? **But I use the queer labeled now because I understand that there is this fluidity not only with my sexuality, or not only with my aura mentation, but with my whole sexuality, my gender, my expression, my likes and dislikes, like all of the sexuality, not just one piece.** And for me what it really comes down to it, when it really comes down to it. I, like an androgynous kind of, like, this is what I really, really, really am physically attracted to. Yes. So when I'm happiest like, with my husband, he the other day, he was like, You love me, because I'm feminine. Now, most people wouldn't necessarily take a look at him, like when he's, you know, got a beard and all of that stuff. But he doesn't Now obviously, being in the military, but, you know, he's got that dark, like Italian five o'clock shadow and all of that stuff going on. And people wouldn't necessarily think that appearance wise that there was any feminine aspect or quality to this person. But we joke that I definitely have more of the masculine, the traditional masculine tendencies, whereas he has more of the traditional feminine tendencies, which is so funny. But I think that's an important conversation to have, too. It's not just boys and girls, it's like human beings are this huge spectrum of stuff. And just because somebody appears some way on the outside, doesn't mean that they don't have this quality of being human about them. And that it's those qualities that a lot of us are attracted to, not necessarily just like a physical appearance. But if I'm basing it just on a physical appearance, it's usually going to be Adam Lambert. Like, it's going

to be this there's going to be this certain amount of androgyny. There's going to be Yeah, anybody who's watched The L Word, Shane is like. Like, the perfect representation of what I find, physically attractive.



Molly Hicks 12:32

Yes, a mine. Mine is Ruby Rose, so



Angela 12:36

Oh, okay. Gotcha. Yeah, yeah. I love that. I love that. So why does this matter? Why do we care? Why are we having this conversation, not just because it's bisexual awareness acceptance week. But one of the things and this is one of the things that kind of led me to getting a diagnosis, right. Is there seems to be there's not a lot of studies on it. **But there seems to be a connection, or a higher prevalence of queerness and gender, fluidity, gender, nonconforming, transgender and autism, there seems to be some kind of a connection.** Do people know what it is? No, they do not. But they're starting to look at it and trying to understand because it matters to our health, and the care that we get when we go to the doctor. That those two things are acknowledged, and that our physicians, the people who are taking care of us are informed. So it matters. And that's really why we want to have this conversation today.



Molly Hicks 14:09

Yes. Oh, so many things to like, rabbit hole into from that. Right, right. Right. Where to go next. Right, right. And you and I had kind of said before episodes, Angela, and I have like pre episode chats. And so like we can figure out like oh, we could talk about this and that. And when we were kind of brainstorming this. We were talking I brought up the androgen situation, I have PCOS. And I was reading an article about how a lot of people with PCOS are gender fluid. Be and that article was was talking about how the hormone levels are different because the androgens that like I have an excessive amount of testosterone. So mean. Makes sense, like, from a scientific like, oh, okay, that's why I like this things in this thing because I have more like, testosterone in my body got it? Sure. Um, but that doesn't dictate anything, necessarily, I should say it doesn't necessarily dictate anything. But I was watching a tick tock yesterday about the prefrontal cortex, it was actually in relation to children, it was protecting trans youth conversation, and how we assume that the prefrontal cortex has to do with being able to properly process a situation, when in reality, it was a neuroscientist saying, No, the prefrontal cortex actually is impulse control, right? Or your ability to conform to societal standards, because then you know what the societal standard is, and you are choosing to fit in. Whereas children who have a not fully developed prefrontal cortex are authentically themselves as much as possible, because that's how their brain functions. And it was talking about how kids, if they're like, that's why it's saying like, between three and five, that's when they fully know their identity as a human. And I was just like, oh, but that could also make sense. I don't you might know more than me on this one. Is there a correlation between prefrontal cortex development and auto autism?



A

Angela 16:34

So I would have to look specifically on that. However, we know that being autistic means that your brain processes things differently. There have been some studies and and MRIs and all of this thing. But it's not specifically like one that there is not one specific thing. And that's why I hope that I hope that people listening today understand that there is not one specific thing like, is there a connection or a link? Or are we seeing some scientific kind of thing between PCOS and queerness, PCOS and autism? So I did find I found a study, there was a study that was done in the UK, they were testing the hypothesis that PCOS polycystic ovary syndrome is linked with autism. Because both conditions are associated with elevated prenatal testosterone levels. Okay, now, elevated prenatal testosterone levels is not the cause of autism. No, studies are being done to understand links, but that doesn't mean that there's a fault. It doesn't mean that that there's a problem, it doesn't mean that something needs to be cured. None of that stuff. No, but this study, they did three different case controls, and they test the hypothesis. So ultimately, at the end of it. So study one, the authors found that a significantly higher percentage of women with autism were diagnosed with PCOS than the controls. So 2.3% versus 1.1%. So that is significant in study to autism was almost two times more prevalent in PCOS cases than in controls. So 0.1% versus 0.05%. And then in study three, they looked at mothers with PCOS and their first born child, and there was a tiny, tiny, tiny, I think, insignificant result. That said, if you have PCOS, you have a higher odds of having a child an autistic child than somebody without PCOS. However, let me say and they do acknowledge this in the article that there is not enough anything there to say that, that that's that that's the case. And they are not saying that there is a cause and they are not saying that women with PCOS people with PCOS should not be having children because it is a cause of Um, right, there's none of that there. And I like to make that very, very clear because sometimes people latch on to something and they're like, Oh, here's this. But as an autistic person, like there's not something I'm not defective. Now, I don't have anything that needs to be cured. Learning that much cystic has been the most beautiful, wonderful, amazing freeing thing that has ever happened in my life.



Molly Hicks 20:22

Yeah, I was just about to say, like, you and I delve into these things, not because we want some, like reason to blame or anything like that. We just really find it interesting. Absolutely. The science is like, whoo, tell me all the science. I want to know the numbers. Bring me some blood test results about hormones, like, you know, right. Like, it's not, because we want some solution to fix things, because we don't see it if it like there is no need for a fix. And yeah, no. So I totally understand what your caveat and all the things making?

A

Angela 21:03

Well, I am because you know, one of the things that's really so Lady Gaga has the song born this way, right? And a lot of people are like, yeah, there's nothing wrong with me, I was born this way. Well, that can be just as harmful a narrative as saying this is a choice. Because the new, like, You're stealing the choice away from somebody. Things change. You know, okay, you don't, nobody chooses to be autistic, or ADHD or any of those things. Nobody chooses that. But we are fluid throughout our lifetimes. And we have different experiences that shaped the way that we identify that we represent ourselves. So I think it's important to not just say, Well, science says this, Therefore, and we accept. If somebody's self identifies, and they have not gone to the doctor, and they, they look at you, and they say I'm autistic, you don't ask them to

prove that I would never ask a diabetic to be like, show me your show me your bloodwork and tell me what doctor you went to and prove to me that you're diabetic, I would just take their word that they're diabetic. But there's a big conversation about proving that you're autistic or have ADHD or whatever. And I understand that in certain cases, like to get accommodations and things like that. But then again, it's like there are so many of these accommodations that people are asking for that. They don't cost money, they don't need to have proof. It's like, can we just treat people as people, because whether you're neurodivergent, or neurotypical, it's something that can help you be more productive, so why not do it? And there was something in my mind that I wanted to add. And I it just went to right out the window. But maybe it'll come back because it was important. It was, it was something very important that I wanted to say, but I can't remember what it was.



Molly Hicks 23:19

just interject when we come back.



Angela 23:22

Right? I'm going to try to focus on what you're saying, though.



Molly Hicks 23:25

Yeah, um, well, and something we talked about yesterday, with regard to like, November, and so like, technically, I am not diagnosed at try that again. I am not diagnosed with ADHD, or I'm not diagnosed autistic either. But I am diagnosed with schizoaffective disorder, anxiety, depression, panic disorder, PTSD, like all these other things. Yeah. And I remember the day that you were like, that sounds very familiar. And then when you went through your recent diagnosis, you message me, and you literally read off your diagnosis, and it was identical to mine, and we have I read



Angela 24:08

one, I read off one doctor's diagnosis, right, because I had to go through multiple doctors because they couldn't agree. We have this traditional, like, we're going to use the tests that we use for little white boys. And that's going to be what you get for your testing, even though you're not a little white boy, and it doesn't really, you know, and have them do. Right. And then we have this other Doctor Who, right and then we have this other doctor who takes this more holistic look at the whole thing. And, you know, so that was a whole process. But yeah, it's normal to get oh, and that reminds me okay. It is normal to get a diagnosis that is not accurate. For a lot of women, and gender nonconforming folks, and black folks, and brown folks, and Okay, anybody who's not a white cisgender heterosexual male, like, right, like, it's different. It's different for us. Which okay? It's some of the same thing with when you when someone says I'm bisexual, it's like, no, you're not. There's this whole bio eraser thing happening. It's like, No, you're not you're not bisexual, you you're confused. It's just a phase. You're too scared to come out all the way. You can't be bisexual because you're married to a man. You know, you know, there are all of these all of these things. Why people want to tell you that you're not. Yeah.

Including the people who we go to for support, you know, in our medical community, it can happen there as well. And the same thing happens when you go in to get diagnosis for a variety of nerve divergences is there's this, there's this dismissive thing that happens. So when you've got both happening, at the same time, there's so much there are so many mental health concerns with not just how society in general treats you but how the medical community treats you how the institution of education treats you, all of the institutions treat you. Right, it's a double whammy. So it's important to be having these conversations. Yeah. Because we need a safe space. Right, like, we need to be able to have that conversation with our doctor without spending our you know, 15 minute appointment, trying to prove something. Right.



Molly Hicks 27:17

Well, and I have, like, so I always go to the doctor. And I always, well, it's part of my coping tactic, because I was called a No at all as a kid. So I go in, and I'm like, so I did my research with Dr. Google and I have diagnosed myself with this thing, because of XY and Z, I would like you to check these things. Right. And I learned early on that I'm always right. Not because I corrected my teacher when she called the guitar cello. Not for that reason. But because every time I'm like, those, those, those sound very familiar, let me go do some research. Those symptoms sound familiar and I, I do the research, I present it, they test me and lo and behold, right. I seem to always have that thing. And said,



Angela 28:11

You're not talking about going WebMD. Okay, diagnosis, you're talking about months sometimes of in depth research in scientific journals,



Molly Hicks 28:23

right? And talking to people who have been officially diagnosed with those things, or like, Yes, I don't mean like, I was like, What are the symptoms for heat rash and was like, Shit, I have some, like weird, crazy, obscure disease that is only found in like, a snail's shell in this random country. I'm not talking about that. I'm talking about PCOS, endometriosis, like, all of those things that have a lot that I could work with. But



Angela 28:56

even still,



Molly Hicks 28:59

for me, that became a problem when I was sitting in my like, just to be clear, I flunked out of college. So we're gonna be real about that for a minute. I went to college, I took my first psychology class, two weeks in, I had a nervous breakdown and had to drop out of college because I realized in the middle of class that everything I thought was normal, was actually psychologically related illnesses.



Angela 29:26

What right was something that was called a disorder, right? Yes. Yeah. That you're effective human being.



Molly Hicks 29:33

Well, and I finally realized, Oh, no one else is neurotic and feels like someone's coming to chase them and murder them like a Lifetime movie. Like need a little help. You know, like, so like, there are I don't know where I was going on that tangent. Self diagnosis is important, I think is where I was going with that is because you know, yourself and your thought out patterns and your things. And you can find some, some parallels between things and presenting information that the doctor, psychologists, neuroscientists, or whatever, presenting the information, you might not have the accurate diagnosis, but the fact that you identified these symptoms or ways of doing things might actually give them enough information to help you find the thing that you need. Right. I think that's what my point was,



Angela 30:25

right? And if they tell you that there's something going on, it's okay to go and research it and understand it, and then go back and say, hmm, I need more on this. Yes, I agree that this is happening, but this is also happening XYZ. And can we look at that? That is absolutely okay. as well. And, you know, to your speaking about everything having to be pathologized. Right, like, as a sexologist. Sex has been pathologized. Like, I don't remember what your it's not been very long ago, that homosexuality was a disorder in the DSM? Yeah. Like, you know, there were medically sanctioned cures. For homosexuality, some of those, basically, you know, conversion therapy and all of these things, you know, they kind of use the same thing with neuro divergence. Yeah, they're still using shock treatment. In some cases, it is still legal, in some cases, for anybody who wants to go look at that go look at a 's on the Autistic Self Advocacy Network. They have a lot of information about that we can put the link in there.



Molly Hicks 31:51

It was offered to me for my Tourette's to help with my tics.



Angela 31:55

Right. Right. And so and we're pathologizing this, like, that doesn't fit into the norm of society, therefore, we're going to do this thing to completely change you. It's like, that doesn't need to happen. So you know, let's, right let's look at that. And, and, there again, there's another overlap, right, like more overlaps. So, okay. One of the study because you know, me I like to bring, I like to provide resources. So one of the things and this is this article, the name of is the sexual health orientation and activity of autistic adolescents and adults. Says, sexual education and sexual health screenings of all children, adolescents, and adults, including autistic

individuals must remain priorities. Healthcare professionals should use language that affirms a diversity of sexual orientations and supports autistic individuals who may have increased risks affecting mental health, physical health and healthcare quality, due to stress and discrimination from this intersectionality. Yay. Yeah, there it is. There it is, folks. There's some science there speaking to the importance of sexual education and sexual health discussions happening for autistic folks. Yes. And let's just say ADHD, and all all of the different things. They need to have that but autism is the neuro divergence that many people look at and say, they are not sexual.



Molly Hicks 33:52

Sorry, I didn't mean Right.



Angela 33:57

Right, they say they're not sexual, but we are. And the fact is that many of us do not identify as heterosexual. Whether it's the prefrontal cortex or something in our brains, or just the fact that we're like, it's okay to not fit into this norm. That's harming anything or anybody.



Molly Hicks 34:32

Right. Well, and I, I've had a lot of conversations with people like neuro like, or read a lot of things and had conversations. Neuro divergence is what moves us as a rate like a human people forward because outside of the box thinking not keeping the status quo like we are, we do not follow the herd You know what I mean? And so it makes absolute sense on that same line of thinking that we go. I don't care about the fucking rules. **I'm just going to be myself and love who I want to love.** Like, that makes a lot of sense in that same frame of thinking of challenging. We've done it this way forever. I'm kind of thinking, so that makes my logical brain is going. Yes, that makes sense.



Angela 35:29

Yeah, like, like you. Yeah, like, like I was saying earlier, like, it never made sense to me. As a kid, there were so many things that never made sense to me. Now, I didn't lock onto the I knew I was ADHD at 22 is when I was diagnosed. But then there was that label that was there. And I didn't look any further. It was everything. It was like, Oh, well, that's because I'm ADHD. Oh, that's because I'm ADHD. That's because I'm ADHD. And I didn't dive further into any of it. Whether it was sexuality or sensory needs, or relationships or whatever. And so yeah, anyway, I don't think that that's exactly on topic. Let me bring this other one back. Okay, brief report, sexual orientation and individuals with autistic traits, population based study of 47,000 adults in Stockholm County, participants with autistic traits were more likely to identify as bisexual, and to feel that their sexual orientation could neither be described as hetero, homo, nor bisexual. Compared to individuals without autistic traits. autistic traits are associated with minority sexual orientation, and perhaps with uncertain self identification and or a defiance of traditional ways of categorizing sexual identity.



Molly Hicks 36:59

I really hate the word defiance but



Angela 37:04

Right, right. So we have to take the the academic language that is being used sometimes and take a step back away from it and say, but what is the overall meaning here? Right? And number one, I liked this because it was people It wasn't you have to prove that you are you're not, is people say they identified certain traits within individuals. And then they said these traits are autistic traits. And people who have these traits, whether they're diagnosed or not, also tend more to queerness because we are defiant of traditional ways of categorizing anything within our identity, I would say, I liked that article for that conversation.



Molly Hicks 37:59

I'm so hyper focused on the word defiant right now. I cannot. Because it's like, yeah, I totally chose that because I'm trying to piss you off. Like,



Angela 38:11

right, right.



Molly Hicks 38:14

Not that I don't use the word defiant occasionally to describe certain behaviors my child was making. But at the same time, like reading it in this scenario, I'm just like, are hearing it? Also, auditory processing disorder. So it was probably the only word I heard you say.



Angela 38:30

Right, and then you stuck on it.



Molly Hicks 38:35

In the grand scheme of things, I'm gonna try and get myself back on track here. Um, I do appreciate this intersectionality that they're acknowledging, right? Because like we've said, over and over again, this episode, like it is super important a to acknowledge any intersectionality all of them, not just one of them,



39:01

all of them, all of them.



Molly Hicks 39:04

And it's like we had Angela mentioned, like, there's no one. There's no one reason this is the way it is like it is always a million different layers that affects things. I was listening to another tick talker. I think it's funny I used to like despise tick tock and now every reference I have is tick tock bite size moments in between, you know, dealing with tenderness. So I was listening to tick talker and she was like, talking about she because she's an autistic person. And she said that she hates when people are like, Well, what happened right before the meltdown to cause your meltdown and she's like, **it has nothing to do with the moment right before my meltdown** and has to do with the moment that happened three days ago. That was the starting point. And then it all just layered on and then eventually I just ran out of All my skills. And I had about that. And I was like, Oh, that's a good point. Because when we're trying to help blame, I'm always like, Okay, what was happening leading up to? Like, I don't usually think it's like the thing right before I usually feel like there was something leading up to it. But like it could be from three days ago, or week ago, or something that stuck in there. Probably five weeks ago,



Angela 40:24

probably not one specific thing. It's usually not. Right? It's usually not



Molly Hicks 40:35

half the time when I'm having a meltdown in the middle of the kitchen screaming at everybody. It's because I didn't get any sleep. Nothing's going right. We're in Mercury retrograde. Whatever you don't, I like to blame Mercury Retrograde retrograde for a lot of things, because makes me feel better. You know, the tech isn't working. They had, you know, blade had a bad day partner had a bad day. Everybody needs me to make decisions. I'm decision fatigue. Like, if anybody adds one more fucking thing, I'm gonna lose it, and then I lose it. And then everybody's getting screened out in the kitchen. That's about how it works.



Angela 41:18

Yeah, so yeah, I mean, and understanding our sexuality can be one of those things. Right? If you have spent your entire life pretending to fit into this following the heteronormative narrative, if you've spent your entire life there, but that's not who you actually are, and you are not able to express you can be in a very happy, loving, fulfilling partnership with another person. And still, **if you are not allowed to acknowledge your true self, that is a stressor. And then other stressors are building up on top of that.** Right? And the same with our how our brains work, when you pretend. So people used to ask me, we'd walk down the hall, and people would say, how are you? And I'd be like, I'm fantastic. I refuse to be any other way. And I said it just like that every single time. Every single time I set it just like that. I'm fantastic. And I refuse to be any other way. And people love that response. Right? They love that I smiled and yeah, be bopping around. Hi, that's not actually who I am. I'm actually kind of melancholic. A lot of the time. And when you spend years and years and years, pretending that that part of you isn't there, you're denying part of yourself and it becomes overwhelming and you get exhausted.

And it's why not only because we're having more conversations about, you know, people are like autism is more prevalent now than before. Well, no, it's not. It's just we're having these conversations. We know more. People are starting to feel safe having that conversation understanding themselves. And you know, and people are saying, Oh, and there's more gay people than ever before. No, there's not exactly the same thing that I just said. No, there's not. But we are in a different space. Having that, that different conversation. So yeah, you might see more people having that conversation and more people being diagnosed or identifying as or being open about it. Because we're tired of pretending to be somebody who we're not. We're tired. Right? And when you have multiple things happening, like many of us do, each one of those is a layer of stress and a society that doesn't allow you to be who you are. So when something small happens, like you have a bad day, it is much more difficult to address that. Because you're also fighting all of those other things. Yeah, okay. Okay, I have another resource. I know we're gonna we need to be done soon. But I have another resource. And this is a book that people may want to read. It's called uncomfortable labels. Uncomfortable labels my life as a gay autistic trans woman. Laura Kate Dale, is the author. And she says, My hope is that by the time you're done reading, you'll have a better sense of how autism and LGBT status overlap. Perhaps understand better why people in both camps might struggle To fulfill the stereotypes of how they are meant to act, and maybe know a bit more about how to support people like me, who just want to get on with living our lives, even if we're a little out of step with those around us.



Molly Hicks 45:14

Now I know what I'm getting at the library.



Angela 45:17

Right? And the link for that will be in the notes of as well. Yes. Okay. Whew, we covered a lot of ground. We did. And you definitely got me going on things that I am passionate about, because number one, I am fired up right now.



Molly Hicks 45:36

I can feel it. I was like, I was particularly but I, I don't know if anybody else was up. Tourette's has this. But like, the energy from the other person essentially, like triggers all of these tics within your back. Like that's how minus So anyway, um, yes. So.



Angela 46:02

Oh, my gosh. I didn't even think about the closing. Okay. We have to do we have to do the closing. And but before that, okay. Why is it important you that people understand the the overlap or the link between sexuality and neuro divergence?



Molly Hicks 46:28

Um, Okay. So for me, it's important because you're acknowledging that your authentic self for

mmmm. Okay. So for me, it's important because you're acknowledging that your authentic self is for that individual. And when we do that, that person is able to not be overwhelmed or stressed by trying to be something so that the other person can understand them. And it allows them to focus on whatever the situation is at hand instead of trying to be like, how do I handle the situation, and be something that I'm not to handle the situation to make that person comfortable. And I feel like for us being super vocal that allows other people to realize that they don't have to continue being who they are not. And that's usually why every time I'm like, at a meeting, I'm like, hi, I help queer folks. Because just by saying, queer folks, people are like, what's happening? So right. So, okay, what about you? What do you? Yeah.



Angela 47:38

I mean, it's important that people see themselves, right. It's important that see people see themselves and are able to ask questions and engage in the conversation, but also maybe bring awareness to something that is there. But maybe people don't know what would have happened if I would have had conversations 20 years ago, about the way I process the world around me. What would have happened? Who knows? Yeah, out? Who knows? Who knows? Right. So So for me, that's why it's important because I want people younger than I am, I want parents I want I want everybody to just to question everything. Ask the questions, engage in the conversation. Send us questions on our Ask us anything, Link. All of that. Okay. So, time to go. Anything else before we go?



Molly Hicks 48:38

Come back next week.



Angela 48:39

Awesome. Thanks for listening to drudgery dreams and in between a weekly live podcast coming to you every Tuesday at 9am Central 7am PST. Subscribe now, wherever podcasts are found. If you'd like to support the podcast, be sure to leave a rating and review and share with your friends. To catch all the latest from us. Visit us at [drudgery and dreams.com](https://drudgeryanddreams.com) and follow on your favorite social media platforms at [drudgery and dreams](https://drudgeryanddreams.com). Thanks again. See you next time.