

Episode-25-Neurodivergence-it-really-is-a-spectrum

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SPEAKERS

Molly Hicks, AJ Locashio



Molly Hicks 00:00

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



AJ Locashio 00:08

least that's what everyone's telling us. You're right, pre shuffle. Hey, I'm Angela. Bringing sense to the conversation. From here on my soapbox, I shed light on the things society doesn't want you to talk about, you know, the real shit that matters. intersectional thinking sexuality queerness neurodiversity consent, and the fact that self care is bullshit. For me, it's all about community, and how we can care for each other.



Molly Hicks 00:37

And I'm Molly giving a big Fork you to Cookie-Cutter Solutions I help burnt out busiest Fuck neurodivergent and queer entrepreneurs make shit happen by providing out of the box solutions and sustainable systems to grow your biz. For me, it's all about doing what makes sense for your brain.



AJ Locashio 00:53

And that's what the chit chat let's get to it.



Molly Hicks 00:57

Keep listening. And together we'll explore the drudgery dreams and all that shit in between, get

ready to call bullshit on what everyone's saying you should be doing



AJ Locashio 01:07

as we navigate the spectrum between what really matters to you and the shit keeping you from it.



Molly Hicks 01:15

Good morning, everybody. We are back at it after an impromptu break. because life happens. But we're so excited to be here today. It is a super steamy morning. So you'll see Angela and I both with our stomachs. There's so much more to play with. Um, anyway. So hopefully, this noise doesn't get to you get annoying. Um, so I know if you've been listening. Um, then you know that a lot of times when we're talking about neuro divergence, and all the things that happen, I refer to it like it's a ramen packet. And there's a lot of different flavors. And sometimes you don't know which one of your flavor packets is going to pop up next. And I bring that up because today's discussion is literally talking about all the different flavor packets that are included in the neurodivergent.



AJ Locashio 02:22

category by sea Wonderland. Tasty Wonderland.



Molly Hicks 02:25

Yes. And so we are going to get started and I know Angela. Okay, we got a pot. Yep. All right. Here's a flavor packet symptom coming through right now. As someone heats up, ironically, something flavorful. But Angeles. So this conversation with you. And I kind of started because you saw a quote that really impacted you. And it got the conversation between you and I started. And you were like, yes, we need to discuss this completely on the podcast. And so we I can't stop laughing I'm sorry.



AJ Locashio 03:19

It's not funny. It's not funny. I'm trying not to be pissed right now. But you know,



Molly Hicks 03:27

I know. It's okay. I'm in Treasury and dreams. It's Hey, cracks. Yeah. When you



AJ Locashio 03:33

share a house with somebody, and they are a noisemaker then there it



Molly Hicks 03:38

is. It's just how it works. I mean, when you



AJ Locashio 03:41

tell people to be quiet, it doesn't always work that way.



Molly Hicks 03:44

No, it doesn't. And that's only why I'm laughing because this is like perfectly describing what we're talking about today. Right. Um, so this quote that you found, um, tell us more about it. Read the quote. Okay, so



AJ Locashio 04:01

I did find this. I mean, this isn't like a recent quote, I added it to my website because that I thought it was important that we recognize the person who coined the term neurodivergent. And the reason is, so the person who coined the term neurodivergent their name is kacion. And I might mess up the last name. I'm doing the best that I can, but I'm not sure on the pronunciation. It's Cassie an OSU MASU. They go by neurodivergent K online. And their Twitter handle is UV G, Cassie K Assi and they coined the term neurodivergent back around 2000. In Nick Walker's neuro hair sees they are recognized as the person who coined that term as well. You know, a lot of people talk about Judy singer, who coined the term neurodiversity. But neuro divergence, was not coined by her neuro divergence was coined by neurodivergent K. And they made a comment on a post on Tumblr or something where people were talking about neuro divergent, blah, blah, blah, and they came on there. They said, something to the extent of, Okay, listen, all you Fox, I'm the one who coined the term, let's get it straight. And part of that quote, and I thought it was important to put it on our website, because people tend to forget, right, people tend to forget, and Kassian is a bipoc. Person who deserves to have the credit for bringing this conversation to life, and for coining that term. So I think it's very important, and part of the quote that they said, and I think that this, I hope that it helps people understand a little better, that neuro divergence is not autism. No.



Molly Hicks 06:34

And it's a piece of it.



AJ Locashio 06:37

I mean, autism is neuro divergence, but is not autism. And a lot of people think that those two are one in the same and they think that neuro divergence is this really small chunk of autism, ADHD, dyslexia, and Tourette's. And Tourette's often actually gets forgotten in there, I was

gonna say it's included. But when you look online, like those four are kind of, you know, the ones that are talked about the most, but it's not it's it's huge. It's any kind of difference in the brain. And regardless of what model you use, whether you use the medical model, the social model, the holistic model, whatever. It is all encompassing of any brain that does not act like a typical brain. And I'm using air quotes with typical because, of course, the question is, okay, well, then what is typical, we're talking about what society has said, is the norm for how our brains are supposed to act and function and interact with our environments. So anyway, neurodivergent Kay, said, I am multiplying neurodivergent I am autistic epileptic have PTSD have cluster headaches have a Chiari malformation. Neuro divergent just means a brain that diverges autistic people, ADHD people, people with learning disabilities, epileptic people, people with mental illnesses, people with MS, or Parkinson's or a apraxia, or cerebral palsy, or dyspraxia, or no specific diagnosis, but wonky lateralization or something. That is all it means.



Molly Hicks 08:19

Yeah. And I guess let's let that sit for a second. Because I think you're I mean, and you're right, like when I explain like, to newbies who are like, What the hell is this neurodivergent thing? I do tend to choose something that they know very well, or, you know, so I typically do say, ADHD, or autism, or are these things because they're things that are ever present. But I mean, schizophrenia, bipolar, like all of those other things are included as well. Yep. And I think sometimes we choose things, because there's such a negative connotation with certain diagnoses, that like, there's a certain like, Okay, this is new to this person, and I don't want to scare the shit out of them because of their misconception. And I want to ease them into something. But in reality, that's, I mean, now that I'm talking that out loud, I probably shouldn't do that. But at the same time,



AJ Locashio 09:26

that's what people do, right? Like, it's like, what can we what can we do to help people understand the, the concept so that we can move forward with the conversation? Right. And now that we are familiar with the concept, let's dive into it a little bit more. And I think that we're at that point. And first of all, I want to correct myself because I think earlier I said neuro heresies and I know my brain is like stuck back there right now. Yeah, that is not actually the title of the book. It's neuro queer heresies and I don't know I said it wrong the first time, but Nick Walker's book NeuroCare heresies, I'd definitely recommend it, we'll put it in the we'll put it in the chat. But it goes more into this as well, you can actually go to their website, which is neurocare.com. And, and see, now I have to look that and make sure that I didn't mess that up. But look up Nick Walker and her site neuro queer. And you will find it is neurocare.com. And you will find a lot of information on this that expands on this as well. But it's important because and I get really I'm actually going to ask you about something here in a minute. Because this is it's very specific to something that's happening in your life, which is kind of what brought up the conversation and then said, yeah, as a matter of fact, there's this, there's this quote, blah, blah, blah, sure.



AJ Locashio 11:07

In order for people to have the quality of life that they deserve, we need to understand what neuro diversity is and what neuro divergence is, and the many different neuro divergences that

are out there. So if you go to brain facts, they actually have a list of 400 brain of neurological conditions. And I started quite the debate, I guess, with some folks, because I put that on there. And I said, Which of these conditions are neuro divergence? And some people said, Don't do that. That's the medical model. And that wasn't the point at all it was to have a conversation, because technically all of them are, if we look at the definition of a brain that diverges, right? Anything that is listed as a condition means that it's a brain that diverges from what society says is normal, or the acceptable, right way to be. So regardless of whether you identify as neurodivergent or not, I'm looking at the definition of that, that it's being a brain that diverges in any neurological condition or CO occurring neurological conditions would mean that someone is neurodivergent. And, and so let's say someone who has migraines, they may not consider themselves neurodivergent because they're like, Oh, I'm not artistic. So I'm not neurodivergent Well, that's not actually true. You have migraines, you interact with your environment, in a way that is different than what society says is normal. And it may or may not cause disability. Right. So migraines are divergent. So, you know, a lot of people I've actually been asked specifically about cerebral palsy. Yep, it's a brain that diverges. So there are all of these different, different things. And if we as a society started understanding it that way, it would make school different, it would make the way that we are approaching IEPs, the way that we're approaching behavior, the way that we're approaching learning in general teaching conversations, the entire culture of the school would be different. The workplace will be different, how we're taking care of people during end of life with dementia. Again, PTSD was mentioned in there, the quality of life of people and the economic security of people would be better if we started understanding this concept in its wholeness instead of through pieces of it, which then brings me to the conversation of school. Yeah, because you have had some issues in that area. And if people understood the broad basis of neuro divergence, and how multiple neuro divergences affect someone your child may not have the experience that they have in school right now, which is less than stellar. Yeah, so can we talk about that for a minute?



Molly Hicks 14:49

Yeah, um there's so many ways I could go here. Um, so I think The first thing is the one thing that I think is super important for people to understand. I well about me, while I talk about this, just understand, for me, the medical model of understanding your neuro divergence was important for me. Because it gave me something to know what to research. It didn't mean that I was going to be textbook anything. It didn't mean my kid was going to be textbook anything. But it gave me a category to look within, to study, research and understand. And as I have done that, over the past 17 years from my first diagnosis, it has significantly helped me understand myself and others, to the point where I'm, like an ND whisperer. Because I like walk into a room and understand why people are doing different things. And I can help them see how they are interacting in different things and how they can interact with others in a different way to benefit both people. Am I 100% accurate all the time. Close, but not not quite. Um, but let me just pat myself on the back there. Um, but that's important. So when I am interacting with somebody who does not have that basis of knowledge, or understanding or technique, I get frustrated. A lot of times when it comes to me advocating for a person that I care about, that doesn't mean family like outs, like if it's a friend or an acquaintance, or where I just empathize with their situation. I get frustrated, because to me, just like with a lot of us with our different neuro spicy flavors, it seems like common knowledge. If you forget, it's things like if you you're I'm going to use special interests that are in our family, if your special interest is Pokeyman. And you go out to talk with somebody whose special interest is My Little Pony, both

of you are going to assume that each of you have a basic knowledge of the other thing, that doesn't mean that either one of you are going to be able to communicate means that is meaningful if you're only using references for those specific special interests, right?



AJ Locashio 17:35

Because we have bias, right? Yeah, right. We have bias. Yeah,



Molly Hicks 17:40

bias is inherent. And that sounds to be understood as well, which evidently is also not common knowledge. My special interest is psychology. And so I have certain things that I assume everybody knows, and they do not. And so when it comes to school and interacting, honestly, I wish every school would have the opportunity for parents, with kiddos who are diverging from the typical or the norm, there's an opportunity for those parents to fully explain the psychological impacts and the psychological stance of the child, because it significantly of or yourself in college or at work, it significantly affects how they interact with you, how they interact with your child, and how your child is going to interact with them. Because let's be honest, just because the teacher is being kind and sweet and loving, doesn't mean that child is interpreting things that way or that, you know, your coworker is just trying to be friends with you. That doesn't mean that you're interpreting that way you might interpret that as hostile, or Yeah, I



AJ Locashio 18:51

was that like the really gentle kind, sweet loving speech patterns can turn me off really fast. Right? Like could turn me off really, really fast when I was in school, so I tended, like those teachers tended not even to be my favorite ones. Right? Other people would be like, but they're so nice. And I was like, I don't want to go to their classroom. Right? I don't want to hear them talk. It pisses me off.



Molly Hicks 19:22

Well, and like, my kiddo is talking like there's the cop concept of bullying, right? Like there is literal bullying. Not that when I'm all of what I'm talking about is bullying. But I'm going to make some differentiating circumstances here. There is the bullying of there's just a kid who's being nasty and intentionally doing things to bully a person. And then there's this other type of bullying which it is still the child who is receiving this bullying feeling as though this person is being intentional and hurtful. In all of these things, but the bullies may have zero comprehension that this is happening. So the tone of voice thing is specifically like, my kiddo was like, there's this girl. And she's smaller than me. And she is saying these things, and she's, like talking to me, like, I'm three, and I'm not three, I'm six, I'm older, you know, like, so, you know, my kiddo thinks this kid is being purposely condescending, and all of these things, and now I have not verified which which direction this is going. And to my kiddo, those things are interpreted as they think I'm an idiot, they think I'm a loser, they all this negative self talk, right? Because this kids tone of voice is making them feel that way. I don't know that that child

is doing that on purpose. And I will investigate. But my point here is, there are things that you cannot see your interactions with other humans are not always the face value that you put on them. Right? I mean, even with you and me some days, I'm like, Angela, is it an angry day? Or is that just your face today? Like,



AJ Locashio 21:20

you mean, like this morning



Molly Hicks 21:23

when a certain microwave turned on. But um, so I, there's that kind of aspect of things where understanding a kid has rejection sensitivity, dysphoria, or an individual does an adult hat learning that about certain people in my life helped me understand that if I come in a certain way, that is not going to end the way I want, right? Or even close to having a mutual mutually agreeable outcome. And it's why I caveat things or I say this needs to come with a trigger warning, if you are not in the mindset to have this conversation. That's okay, it can wait, let me know when you can come back and have that conversation. I feel like I'm getting a little off topic, I'm school. So it's really important to understand your own. And there's something on my tongue. Sensory beings, um, there's an importance to understanding how psychologically things go up in a positive way and spiral down in a negative way. Like, for me specifically, as an example, if I am not having a great day, and there's not sparkling water around, it will not recover, because I can't drink water, because I'm grossed out by all the things. And then it kind of spirals into a downward spiral. And then I'm a potato for like four days. Um, so like, there's little things like that. But there's also things like it with my kiddo, if there's little wins along the way, then they do much better at school, if they get all their accommodations when they ask and all of these things. But if they are denied an accommodation once, that means they are permanently denied that in their brain, they're permanently denied that accommodation, they cannot ask anymore because it will not be given. And it all has to do with being Hearing no first, because once they hear no, that's it, there's no coming back from that. So like if there's a different way to do it of, Oh, I hear you want a break. You can have a break. That's great. I will have somebody come down in 510 15 minutes, right to come and get you that's different than No, you can't have a break right now. Right. And so it's these nuanced things that that help you understand and advocate. And right. And every time I think we've got something solidified, it's like, oh, we needed to be way more specific. Right. And it's a process of learning. And I feel like I got off tangent, but that that's where I'm at.



AJ Locashio 24:40

Well, no, I mean, that's, that's part of that. That quality of life that that we're talking about is understanding that context comes into play. You know, context comes into play all of the time for everything. But when we're talking about neuro divergence, see And we are understanding that there are multiple, yes. Okay, right. Right. It's the multiple that they are forgetting at school, right? They're at a diagnosis, or they're looking at which again, the diagnosis can help. But it's not everything doesn't end there, you have to go further than that you have to look at who is this person? What specific things are happening, because let's go back to migraine. Yeah, migraine does not happen every single day, for every single person, there are people out

there who do have headaches every single day. But when we're looking at a migraine, if you have somebody who has ADHD, and they have migraines, they are going to have different behavior, and different experiences based on what is happening with those things. So if a school is looking at have this child has ADHD, but they never look at the migraine piece, they might not respond in the way that they could, to best benefit the child but also themselves. And that's what you know, we forget is that it is a reciprocal relationship with that, so with your kiddo, if they're looking at one specific thing, and they are taking all of their actions, because that's what's in an IEP, or they write an IEP based on that, but they don't take those other things into consideration. Or, you know, as we know, IEP is what they rewrite them. They look at them once a year, but they rewrite them every two years. Unless something has to happen or whatever. They things can be added. But because they haven't had time to have a meeting and put it all in the computer and do all of that. Things don't happen the way that they could in the way that they should, for that person. One of



Molly Hicks 27:18

the things people don't read them.



AJ Locashio 27:22

Exactly. Um, yes. You have these people who, who spend a lot of time effort and energy writing these in depth, APS, just to not have them looked at, like they should be by everybody involved. And we can have a whole like five episodes on that probably. Yeah. But okay, now I got off track that got me off track. Because there was something important that I wanted to say with that. They don't look at the



Molly Hicks 28:01

well, they don't look at it, then the kid asks for an accommodation. And the teacher is gonna say no, because they don't know it's an accommodation. I don't know if that's where you



AJ Locashio 28:09

were going. That's not where I was going. Where I was going was earlier, you said if if they allow the parents to come in, or if you're a self advocate in college, or at work or whatever. There's also this thing of not being aware of your own narrative urgencies, and how they affect you. So if we were to have this conversation, and, and, and more openly, of all of the different types of neurodivergent sees that are out there, and how they, individually and combined affect us. Our own self advocacy, and the advocacy that we can do for others would change exponentially. And again, that can affect the quality of life. And it can also affect accessibility, to resources. And it can affect our overall economic security throughout our lifetime.



Molly Hicks 29:11

Yeah, and I think one of the things when we're talking about people not being aware is there are certain pieces of neuro divergence that are secondary, two more major diagnoses, like my

are certain pieces of neuro divergence that are secondaries, two more major diagnoses, like my anxiety is fueled by my bipolar disorder. So I got my first diagnosis was anxiety. Obviously, you just have anxiety. That's how you got well, no, I am full of other things. The neuro spicy flavor packets over here are immense. And I think there needs to be like, if you've been diagnosed with depression, anxiety, OCD, I would investigate more. Like,



AJ Locashio 29:55

especially if you internally are like, No, there's something else



Molly Hicks 30:01

or if your therapies for those things are not working. Like, once I understood kind of more of the umbrella of where I was at, I realized why certain things don't work, like I was discussing with my partner. We we're talking about breathing exercises and visualization. While we have significant racing thoughts, those things aren't really possible. When you're like, I need to think about the tree. I'm thinking about the tree, which has apples, I'd really like apple sauce. Oh, but we don't have any apples that, oh, I'm thinking about the tree, the tree is got green leaves, we should go to Mexico next week. Like, that doesn't work when your brain can't shut off. And that having that therapy like, No, it really does work for people. No, it works for some people. And my point here, because now I'm like, going into a very detailed tangent is if things aren't working, there's probably a reason like if you've gone in and tried real hard, and it's not working, and you're getting more frustrated and more anxious and more irritated. There's a reason and you need to investigate more. And investigating by yourself is not a bad thing. Like going into to a psychiatrist, or a psychologist, or even your PCM, whatever you have available to you, with your resources. And being like, I'm pretty sure I have these things. And I took this online test. And I've checked all of these boxes. And I would like to learn more about these things and see, like, that's important, right? Same thing for



AJ Locashio 31:52

your quality online test, not a Facebook one. No, please don't do that. Right? Not not a cute little quiz.



Molly Hicks 32:00

No, no. And then also, if you have friends, siblings, acquaintances that have these diagnosis is talk to them, even if you don't have the means to like, go to a therapist go to these things. But you have a friend who has these diagnosis where you can like compare notes. That is also a valid option as well. When we're talking about using what you have with the resources that you have, I know a lot of people who've gone to therapy and spent tons and tons and tons and tons of money to see a professional just to be told they don't have anything they talk to people who do have the thing gets sent to a new person who specializes in that diagnosis and be told, oh god, yeah, you got that? No





AJ Locashio 32:48

problem. Right? Right.



Molly Hicks 32:49

So like, sometimes just talking to your peers is important. I'm not saying don't go to therapy, but love God. But I it's, it's important to trust your instincts. And don't just take the first diagnosis they throw at you as like, the only thing you have, it's kind of like with babies and like your baby's crying all the time. And they're like, your baby has colic and you're like, yeah, baby has colic. No, no, your baby has something else. Hopefully, I didn't just scare somebody but like, um, there's, there's a certain could



AJ Locashio 33:27

be something else going on. And you know, if you if you think that just because somebody is a professional does not mean that they are all knowing and it is okay. To question. It is okay to ask. It is okay to require explanation. And it is okay to be curious and to explore.



Molly Hicks 33:56

Yes. And especially in the case of going into your kiddos school. These teachers aren't are not psychologists. So you may be the expert in that thing in the room.



AJ Locashio 34:10

Let me give you an example of that. Actually. Yesterday, I did an interview of our so we have a new podcast coming out for umbrella and it's all about work. Right? And the host is amazing. Her name is Selena and she is fan friggin tastic. And we are talking she's a school psychologist. Or yeah, and she's an edtech she's not working in the school now she's doing something else. But with that, but not in the public school system if that makes sense. She is amazing. I mean, brilliant. Right? And we're talking about her different narrative urgencies. She had never heard, and all of her years of schooling, and all of her years she was diagnosed ADHD in first grade. And she's 47. I think she said, I know she's my age. So first grade was a long time ago, she was diagnosed ADHD, then she was pulled out of classes to do math. Never once did anybody use the term dis calcula. All of these years that she's been struggling in, in with math specifically. Never once did anybody use the term dis calcula. And never once did that term come up in any of her ed psych classes. Math Learning Disabilities has come up. And I'm a teacher, right? I have a teacher, yes, we've heard dyslexia. But when a student has reading disabilities, or math disabilities, the terms dyslexia and dyscalculia are not used. It is learning disability, math, not otherwise specified or something like that. There is not a specific test out there that is like, yep, bam, dyslexia and here's the thing. So that's not what it is listed as in school, it's not usually called dyslexia, or dis calcula or dyspraxia, these words are not being used. And then we as parents go into the system, and we think that the people know, and I'm telling you, even special education teachers, unless they have specifically had things for these specific nerve emergencies may not have ever heard that term. It doesn't mean that they don't know some of the different ways that we can work with these. But these terms are not being used, they're not

being taught in colleges, the only way that people are learning these is when they are specializing, when they are searching for these, these are not in your undergrad education classes. They're not necessarily in your master's level education classes. When you're doing like curriculum and instruction or something, you have to specifically go out and do this, they're buried. They're buried within the research. And this is where the problem comes in. And this is why I so badly want to have this conversation. Because if we were talking about them, if these terms were being used, if they're not being used in the places where we think that they should be used the most, which is, you know, maybe in school, when we're having conversations on an IEP in, you know, the workplace, or we're specifically talking about disability, you know, having a disability conference, and we're never ever using these terms. That's the problem.



Molly Hicks 38:18

Yeah. It's well, and it's like, RST, okay? Socially, in the real world. We all know, this is a thing. Like, you talk to different people across, it's just the accepted term, blah, blah, blah. Like, when they're talking about how it affects people. Everybody knows. Psychologists don't know. Schools don't know. It's just something I don't know who originally coined the phrase, or developed it. I just know that when I bring it up in any official medical or place where people should know it, they don't and then I have to explain it, and then they go, Oh, that makes sense.



AJ Locashio 39:11

So I have I have a trans friend who went to their psychologist. And they were talking about it, and they were not talking about that they were talking about C PTSD. And the psychologist said, What's that?



Molly Hicks 39:26

What?



AJ Locashio 39:29

They said, Oh, there's PTSD, but C PTSD, that's not anything. So we assume that people know and they don't and this this psychologist was an old white dude who had gone to school a long ass time ago, who was not somebody who was necessarily keeping up on things. And you know, insurance says that you can go Are these people or the, you know, you go and apply for disability, and this is the disability psychologist that you're assigned to? Right? We assume that people know because of the title that they have, and they don't. So when we know about ourselves, and we can self advocate, that's important. And if more people understood what neuro divergence is, and how many different ways our brains are, and I'm going to use the term conditions, and it's not because I subscribe to the medical model. All of those different conditions that say that your brain is not working the way society's norm is prescribed our narrative divergence. And by knowing that you have access to the entire indie community, for support. That's really the point of this episode is in knowing that and understanding the rod, the vastness of neuro divergence. And understanding, you have Ms. O, your and D. Now, you have

this entirely new group of people to start having conversations with to understand how your sensory profile is affecting your MS and how your nervous system is being affected by all of these different things, and how you can understand that to improve your quality of life by making adjustments and asking other people to make adjustments in your environment.



Molly Hicks 42:05

You know, um, that one thing I do want to add is, we're almost out of time, um, is going back to caveats, and all the things that we say, in almost every episode. And going back to that, like advocating for yourself point, there are times where people will just look at you, and make assumptions and ignore all the things that you're saying. And so if you leave a session, there's two types of crying. I feel like, well, three, there's happy crying, which like, great, there's Laughing Crying because you laugh so hard to cry. And then there's, I'm so frustrated, I'm angry, and I feel abandoned crying. If you go in to get help from anybody, and you leave frustrated, sad, crying, that person is not your safe person. And you need to find a new person, whatever is within your means find a new person, right? And I'm not saying to go outside of that. But I can say from experience that I went to somebody several times and said, I need help. And like it's bad. And they just kept saying, Well, you look so happy and your life is so successful. If somebody's saying those things to you, they're not helping. And so as you're on this journey of if you're like, oh, Angela and Molly have just told me I am neurodivergent. And I didn't even know it. And you go to like, learn more or gain more knowledge or realize that. And there's also this phenomena of you didn't know something so then you learn something and then you look at your life through a new lens, and you're like, holy shit, I'm not doing as great as I thought I was.



AJ Locashio 44:12

Or I'm doing better. Yeah, I'm doing better than I thought I was.



Molly Hicks 44:17

Yeah. So if you fall into the kind of this category and you start to talk to people more and and it's feeling like more frustrating or harmful. Don't keep putting yourself in that situation. If you have the ability to not and if you cannot get out of that situation. Start finding a person who can help you get out of that situation.



AJ Locashio 44:46

I just therapy, right? That's no therapy. Like it's one thing to leave and cry because it's cathartic to cry. Yes. Like who I have this letdown of energy. I just went through this you know, they And I'm crying because it's helping me release this energy. That's fine. But it's it's that abandonment and they weren't listening to me and I'm frustrated. And that's when you need to start finding some support. Yeah. Right. And now I know that not everybody can do that, because insurance says you have to go to this person and you can't change, or, or whatever, then there are patient representatives, there are different support options, to be able to be a

better advocate for yourself, and you're allowed to take people with you, you are allowed to take an advocate with you. Right, it is, okay, just take somebody with you to help advocate for you. In these in these situations, so.



Molly Hicks 45:55

And specifically to vets who are using the VA, mental health support is a known issue, I can tell you that if you yell at somebody, they will change. I'm not saying going yelling, but like, if they keep trying to schedule schedule you with the same person, you can say I will not be scheduled with that person, find me a new person. And then yeah, contacting the head of the clinic always works. Just I can say there



AJ Locashio 46:27

are definitely supports out there. And and I'm glad that you brought up that's because that's a huge group of people who don't realize so funny just yesterday, I was talking to a counselor who is working with somebody on their doctorate, and they're writing their doctorate on nerd emergency in the military,



Molly Hicks 46:49

which is significant,



AJ Locashio 46:51

right, which is significant. And we don't recognize it, because we don't have those conversations of what are all of these different things. It's like, oh, autistic people can't be in the military bullshit. There are a lot



Molly Hicks 47:04

of medical and Intel, I'm looking at you.



AJ Locashio 47:08

You know, like, there, there are plenty of people who are undiagnosed under diagnosed misdiagnosed, who are in the military who are not getting the services that they need, because these specific conversations are not being had, and they make excellent military personnel. Yeah, but they're not getting the services that they need in order to nurture that excellence. And then they leave. And that's sad, because it makes them sad, they don't want to leave, they want to be there. And then it's not good for the economy of the military, to have people coming in, get the training and then leave because they're not getting the support that they need. Right. And then they're leaving with here's a statistic. A lot of people think that PTSD is the most common military related diagnosis. And it's not, it's actually so that's like 6%. The most

common is happening with people who are still in, not with vets, but people who are still in and they are being diagnosed with adjustment disorder with anxiety, and depression. Uh huh. And an autistic. Okay, 26% 26%. Now, when we have a statistic that is that large within a group of people, we need to look at what is going on with that. And if we were having this conversation of what is neuro divergence, and we were able to look at the full spectrum of it, and understand it, and people could comfortably safely confidently maneuver within that and understand themselves through that lens and be able to have those conversations and, and live a great quality of life. Within that. I guarantee that statistic would go down. And that's what we want.



Molly Hicks 49:20

I also would guarantee that that is a misdiagnosis.



AJ Locashio 49:24

Oh yes.



Molly Hicks 49:26

Because adjustment disorder is what I have several friends who have been dying



AJ Locashio 49:30

adjustment disorder just means that you're not doing what you're supposed to be doing within that, right like you're not adjusting to the rules. A lot of times it's you're not adjusting to the rules in which have been put in place. You can't do that within that. Yeah, that's an oversimplification



Molly Hicks 49:48

Yeah. Like constant sleep changes constant. Like you're gonna be at this place and then you're gonna be at this place. I'm in I everybody that I've seen. It's not exactly been workplaces. is related. I'm not saying it isn't. But everybody that I know that had been diagnosed, it wasn't you're not mixing with the workplace, it's that there was no stability and schedule or location. Or within your office, you kept changing so that you couldn't train and you could never, like, know what you were doing.



AJ Locashio 50:21

Right. And that's what happens like, like, so here's what happened, here's this is the typical,



Molly Hicks 50:29

a whole episode.



AJ Locashio 50:31

I know, I'm gonna say this, and then we'll move on but but to explain what happens and why this happens, and exactly what we're talking about, for people who haven't seen it for themselves. Somebody wants to go into the military, because they're like, Oh, this is gonna be a consistent, it's gonna give me a routine, it's gonna be great. That's just what I need. They go in, they go to boot camp, awesome, consistent routine, you know what to expect. And great and you do great. And then you go into your school. And it's a little less rigid, but it's still very consistent, and it's still routine, and all that. And then you get out of your school, and you go to the fleet, and you get to the fleet. And you're expecting, I'm going to get up at this time of the morning, and I'm going to have this consistency. And we're going to have lunch at x time. And no. And it's different every day. And it's supposed to be the same. But then you get a call at at 10 o'clock at night, saying, Oh, we're gonna have PT at this place at 530 in the morning, because that's when the swimming pool is open or whatever, before everybody else gets there. And that happens all the time. And then you have a job to do. And then your superior gets notification from their superior that this thing needs to get done. And then they tell you, and now you're not doing the job that you were going to do today. You're out mowing the grass, instead of it updating the computers, like like Molly's nothing, but this is the reality of it. Like this is literally what happens and for somebody who needs a routine and consistency, and who is expecting that because that's what you're told when you go in.



Molly Hicks 52:24

Don't make it to neurodivergent folks, and then get mad you get neurodivergent, folks.



AJ Locashio 52:29

Yeah, thank you. That is a great way for us to leave.



Molly Hicks 52:32

Yep. Anyway, evidently, we're gonna have a military episode.



AJ Locashio 52:38

Ah, we need to we need we need to have some military guests come and talk.



Molly Hicks 52:42

Yeah. Okay. Well, this has been a long episode. But I think it was very, very important. And we've probably sparked a couple of questions and several of you. So feel free to reach out if you have any questions, or you need us to do an episode specifically on something that you're

like, I need more info on this.



AJ Locashio 53:04

Because we're here to and if we don't know, we'll find someone who does. We'll just bring him on as a guest.



Molly Hicks 53:08

That'd be great, right?



AJ Locashio 53:09

Absolutely.



Molly Hicks 53:11

That's what we're here for. All right, well, let's close her up. Oh.



AJ Locashio 53:23

So closing up. Hey, Molly, what's this thing over here? What's your closing statement?



Molly Hicks 53:33

My closing statement is if you didn't notice, we were playing with these STEM mags. We talked about them at the beginning of the episode. We have a link in the bottom if you want to grab some. But they're little magic fidget sticks. And they come in a whole bunch of colors. And so I just wanted to let you know for all of our spooky witches out there. Um, we've got Halloween colored ones just ordered black and orange. If you want to be more like Frankenstein, or just a witch in general, Halloween witches. Alright, did I buy you independently



AJ Locashio 54:12

and then they have all these like pastel colors too. And they also mix and match so that you don't have to get just one solid. You can actually mix and match them to get multiple colors. Yeah, so And let's see, I believe pastel pink is running out for the light. Yeah, for those who really like that. That one. I just saw that the other day. Okay, so, here here, here's my closing statement. And that is if you have any kind of diagnosis, or you think that you do and you're not sure if that is a neuro divergence If it is your brain in any way, interacting with the world around you people or your environment in a way that other people say is not normal. You're nd and it is okay for you to accept that label. I had somebody the other day say, I don't have the right, my life hasn't been difficult enough for me to accept that. So I'm not going to accept that

label. And I said, Well, you don't have to accept any label that you don't want. But the fact is, your brain interacts like this. So, under this definition, you would be considered neurodivergent. So you don't have to live your life and you don't have to, like tell people that or disclose or, or or even accept that for yourself, but by the definition,



Molly Hicks 56:00

okay, then I do have a final phrase other than stigma you should get because they're great. Um, I, what I tell people is the same statement that I tell people who are asking me if they're really queer. If you're having to ask me that question, then yes. People who are neurotypical or straight or cisgendered don't walk around the world going, maybe. So there's my two cents on that.



AJ Locashio 56:31

Yeah. Hey, and if you don't want to say nd you can say, and Q arrow, queer, baby. We like it. We'll put Nick Walker's link in there for you as well. So awesome. Thanks for listening to drudgery dreams and in between a weekly live podcast coming to you every Tuesday at 9am Central 7am Pacific. If you're catching this live on YouTube, be sure to subscribe to our channel for updates when we're back here next week. For all your podcast geeks, subscribe on your favorite podcast app. We're on them all. 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 drudgeryanddreams.com and follow on your favorite social media platforms at drudgeryanddreams. Thanks again. See you next time.