Maaya Hitomi: The spectrum of neurodivergent experiences

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SPEAKERS

Katy Weber, Maaya Hitomi

Katy Weber 00:00

So I'm super excited to have you on full disclosure. When I first started this, I was diagnosed last year and I'm calling it you know pandemic diagnosis, a lockdown diagnosis, whatever you want to call it, this proliferation of diagnoses that happened in 2020 for so many different reasons, but really, you know, the results of the lockdown. And I think all of our structures, all of our routines just were tossed in the air and they all came falling down. And so many people, myself included, like felt like, God, I can't. I've been managing for a long time, and I always knew something was wrong, but I really needed to look into this. Yeah, and so there's been this proliferation of like memes and and you know, all of the talk it's feels to me and again, maybe it's just that like, shiny new car feeling like, I call it the white Jetta syndrome. I don't know if that's a thing. You know, like, if you when you get a white Jetta, suddenly you notice it everywhere you go. Yep. And so. So I've been experiencing that now being relatively new to the community. And so I wanted to let you know, and I realized very quickly that like, as soon as I leaned into this diagnosis, I was joining every Facebook group and following every person I could think of, and learning as much as possible about it. And so I want and I was listening to a lot of podcasts. And I was realizing that so much of my own self discovery comes from these intentional conversations that are held. And so I was like, I'm going to start a podcast and I, you know, and I thought, well, I really want to talk to women who were diagnosed in adulthood, who sort of then had the same kind of, like, a radical transformation in terms
of how they looked at themselves, how they looked at their entire life, in this new lens, and, and kind of how their self talk has changed. And, and then, so initially, I was sort of reaching out and saying, Who wants to talk to me is anybody want to have these conversations with me? And then I found you on Twitter, and immediately felt like Maya is the adult in the room. You have this like nurturing? Not, you know, just very knowledgeable, calming sense to even just in your tweets, before I ever, like saw you on video. And so I reached out to you, because I really wanted to interview you. And you said, by the way, you know, I’m assigned male at birth, I’m non binary, does that fit within your definition of women, and I stopped because, honestly, I hadn’t thought of it yet. So I’m so excited to have you sort of representing this point of view. And, but also just like, it’s blown my mind because I think about how so much of my own experience has been looking back in my childhood, and thinking about how like I generally had this sense of feeling kind of betrayed by my brain and feeling betrayed by my identity. And I’m just like, add to that a layer of like feeling as though your personal identity and gender is not the same as your assigned sex. Like, it’s blowing my mind. So I, you know, I be as open as you want to be. But I feel like I’m gonna ask, you know, I'm so curious about what your experience was growing up. transgendered and having this extra layer of the of the diagnosis and some a lot of that kind of like self deprecation and self doubt that I’ve always assigned to ADHD. How do you untangle all of that? Yeah. So when were you diagnosed? First of all,

Maaya Hitomi 03:34
I did not realize that I was diagnosed until I got re diagnosed until I went for a psycho psycho educational assessment. In my 20s. My parents apparently had a diagnosis for me of ADHD when I was a child, but never told me about it. I was never treated for it. And my mother, bless her heart she she did it for, for what she thought was good reason. She was like, Oh, you’re, you’re just a victim of the system. Right? Like, you’re not like you’re, you’re a smart kid you like you’re a rambunctious, ambitious kid. Like, okay, Venus wants to put a label on you at school and say that this is the reason for all your bad behavior. I just wish that there is more information for her to be able to use to make that decision. But then in my 20s, I went in this heat if I could get a diagnosis, and that the psychiatrists completely dismiss me. And I’m like, but this is so similar to my experiences that I continue to go on about my life. And then in grad school, is when I went into a new cycle, a psycho educational assessment to get new accommodations for, for school. And I might go Yeah, could you just like do ADHD assessment at the same time. And she’s like, Yeah, I was thinking of adding that in, it seems like it would be a good fit. And lo and behold, I, it was a little bit odd because I don’t experience some of the inattentive symptoms or the struggles with regulating my attention that a lot of people do. But I have a lot of the emotional, emotional dysregulation pieces. I have a lot of the hyperactivity pieces, you’ll probably see me spin spinning around and, and like, swaying in my chair and stuff like
that, because I have to. So I was really, really affirming that point to be like, Oh, yes. So this thing that I've been thinking about my entire life as a problem is actually a problem.

Katy Weber 05:50
Yeah, well, and just to, to be able to kind of advocate for yourself over and over again, is impressive, because I feel like that is something I certainly struggle with. And I, when I hear stories about people who went to their doctor for a diagnosis, and were told, like, Oh, no, you're just frazzled, or whatever, you know, it's lower your expectations, that sort of thing. I feel like so grateful that I didn't have that experience. I had the opposite where I sort of question Do I have this? I don't know if I have this? Is this me? And the doctor was like, Oh, yeah. Yeah. So I think that's a that's says a lot that you were able to advocate so often. And, you know, having been turned away, so to speak.

Maaya Hitomi 06:32
Yeah. And I don't know exactly where that came from. But like, even when I was young, I remember going into my doctor's office at 16. And being like, I think I'm depressed. And like, the doctor did their quick screening, and they're like, Oh, yeah, it seems like it's pretty mild. But like, here's some medication. Perhaps the fact that they couldn't take that medication regularly shouldn't be the side. But I digress. But I, even back then it was one of those things that I just had had in spades. Maybe that's helping a privilege of being, like raised in a, in a way that my voice mattered, because I presented at that time as, as a little boy, that like, I was given those tools to be able to be like, Oh, no, the things that I say are worth saying and things. And people should at least give me the time and place to do that. Which is not a not a space that's afforded to a lot of young women and girls.

Katy Weber 07:33
Yes, I had that conversation with my husband, quite often when we he he has to kind of admit that. He's like, it doesn't occur to me that I wouldn't be good at something. And he's able to kind of break that down and say like, yes, like, I wasn't raised with I wasn't raised with self doubt, you know? Yeah, that that's such a learned behavior. It's so it's interesting to me that you said that your mom kind of recognized that you that it was the system that was failing you because that's another thing I think that a lot of us struggle with, which was that feeling of like What's wrong with me? And that we have to come to that realization that, yes, we're a square peg in a round trying to jam into a round hole. But it's not our problem. Like the problem is the system that is not serving us. And I think that that's such a major, like switch that has to go off in our brains.
Maaya Hitomi 08:26

Yeah. Yeah. And I think that it happened a couple times for me, even though my mom noticed it, like I looking back now. I'm like, Oh, yeah, the anger that I was experiencing the emotional dysregulation that is experiencing when I was young, makes a lot of sense. Be being bored. I remember this super embarrassing moments where my mom came in, for like a parent teacher interview. I was in like grade two or grade three. And the teacher pulled me aside and like, was, went through my desk with me. And I was like, I want to advocate for you. I want to support you. And because you're you seem to be able to do all these things. But like, half of your assignments are just stuffed into your desk. Can you do one of them for me right now. So that we can have this conversation with your mom. And I'm like, it was just like the most like, embarrassing thing that I could imagine that like eight years old. I'd have a lot more embarrassing things. But it's just like, all of those things are just like things looking back that I'm like, well, that should have been fine.

Katy Weber 09:42

Wow. So it’s interesting. When I’m still I’m sorry, I’m like still sort of untangling some of this. You know, the idea of of identity you know, and how the experience is so different for boys and girls growing up in society and sort of the symptoms that are overlooked. And so, you mentioned like that, you know, ways in which you were afforded the privilege of of being believed. Because Because you presented as a boy. And so I’m like, Are there other ways in which you’ve thought about? What are your observations about that difference in terms, you know, from an E with an ADHD lens? And when we talk about the differences in terms of how it presents itself? What are ways in which you relate to women? And what are ways in which you sort of relate to men? And their experience?

Maaya Hitomi 10:39

Yeah, I, I'm going to actually change the language just a little bit, because I feel like focusing on gender kind of makes it very much like an either or thing. Yeah. And I don't necessarily think that, like all women don't have the same experience growing up, although our society does push, push was in one direction, and women in another direction. I think that the way that I like to describe it is an internalized experience of ADHD versus an externalized experience of ADHD, of like, do I wear that as like, internal to me, am I the person who has been trained to zone out by staring out the window, and nobody sees me, like not paying attention, except for me, because I'm quiet, I've kept to myself, or am I, the person who's bouncing around the classroom. And a lot of the traits kind of had that talk off, right, between extra highs and internalized. So like that, that struggle regulating attention could be internalized for sex internalized, but so can
hyperactivity, of like hyperactivity could be completely internalized with the mind. Whereas it could be a very externalized in terms of movement. And I would say that I had a lot of externalized behaviors when I was young. But I didn't realize it because of the environment that I was in. So I was a trained swimmer, like a professional swimmer, up until the age of 17. And I'm going to say, when you're hyperactive, there's nothing like four hours of exercise every day. To get that hyper activity out of you, yeah. However, it was also, there was also a lot of internalized internalization of that as well of like, well, I assuming my mind would just go spinning and spinning and spinning. And I remember after the 911 attacks, so 2001 has probably, Oh, geez, doing that 1314. And I'm sweating. And I'm just like, my mind is just going over and over the worries. Like, that's one of the biggest times that I had a rumination that was just like, over and over in my mind, just like, what happens if what happens if what happens if, and that's kind of something that I struggled with for a long time as well. So it's kind of weird that I had kind of a mix, the mixing of those two things. So like, I had a bunch of externalized things that a lot of boys would experience. But I also had a lot of the internalized experiences as well, that perhaps people didn't see. And if they did see it, maybe, maybe they would have recognized it for what it was. I don't know.

Katy Weber 13:22

Yeah, yeah. Yeah, that reminds me of the the people pleasing aspect. You know, often I think we'd sort of we talked about the how the hyperactivity is internalized, or that it becomes daydreaming and a lot of the struggles that happen in school in a school environment where we, you know, your, your motivation often ends up being people pleasing, if you're a certain kind of child. And I, we talk about people pleasing a lot. And is that learned is that is that not learned? I mean, is that something? I don't know? I don't, I don't know if we have the answer to that. Yeah, I think it brings up so many interesting questions about, you know, the different ways in which is presented and how and what brings that to, what brings that to the fore? Is it? Is it something that is a learned behavior? Is it a nurture, nature, nurture, so many interesting nature? nurture questions? Yeah. And childhood, my son, actually, he's nine, and has not been diagnosed. And I think I always say, I'm so newly diagnosed. And so of course, as my 13 year old daughter likes to tell me like when mom has ADHD, everybody has ADHD. Because I think I'm like, you know, I'm hyper analyzing everything everybody does. And I'm pretty much convinced both my kids have it, but it presents itself in such vastly different ways and the two of them, and my son is a people pleaser. And so he has a lot. He does. He's not a disruptive. He doesn't have the disruptive hyper activity that I think is what gets boys noticed so much in childhood. But he is he has The emotional element, I think even more severe than I did at his age. It just in terms of feeling just so overwhelmed and just feeling like such a failure, the minute he gets off is, you know, because it’s remote learning, the minute he
gets off his zoom, he just he just falls apart. Yeah, because it was going too fast. And he
couldn’t ask questions. And he’s confused. And so he just like gets so wrapped up and
wrapped up that by the end and wound up that as soon as he can hit leave meeting, he
just, you know, absolutely falls apart. And I relate to it so deep. But it’s interesting, because
I don’t think he, I don’t think I would have ever thought he had this if it wasn’t for this
experience of remote learning I because I haven’t. Because he wasn’t disruptive. And he’s
also not hyperactive. So I think he has a very unexperienced that a lot of a lot of the
women I talked to have a similar experience as children, because that we tend to fall into
those categories. And But absolutely, you know, I please any language I’m using that feels
like it could be tweaked? Absolutely, let me know, please, because I feel like I’m on this
learning journey. You’re such a, like I said, I feel like you just have such a chi. I mean, the
community in general, I think is incredibly kind and supportive, I think we tend to have a
lot of empathy, because we’ve struggled so much. And so that’s fascinating to me,
because there has been this new awareness and this new proliferation of diagnoses. How
has is the community changing? Are you thinking about that at all, in terms of like, is it
feeling almost like a fad? You know, because I it, the more I’m in, the more I’m reading,
and the more I’m listening and watching, I’m noticing that there does tend to be this kind
of this sense that like that it was this like very small, intimate community, and it’s being
kind of bombarded now, and that it’s not feeling as safe. And so now they’re having those,
like a lot of these conversations about like, you know, like complicated, layered terms like
masking and stimming, that are suddenly just being thrown around and co opted, by a lot
of people who, you know, are just like, like me, like sort of hyper excited that we have this
new thing to talk about. And I just wanted to know if you had any thoughts about that.

Maaya Hitomi 17:32
So, I’ve been working as an ADHD coach for the last three years or so. And I’m going to
say that, over that time, I’ve, I’ve noticed that there’s consistently always people have
began thinking that they have ADHD. And I can’t say it that, that I’ve noticed a huge
increase over the pandemic I have on social media. But not in, in my practice, not in my
local area so much. But I had, I feel like the demand has always been there. And I think
that the pandemic, if anything, reveals something about ADHD, that those structures that
we have in place aren’t just like, tangential to our, our coping or our, our experience of the
world. They’re they’re very integral and making sure that we get through the day to day
life. And I actually think that your son’s experience is excellent example of this. There’s
something called restraint claps, where when you have restraints put upon you when
you’re supposed to be acting a specific way. And this can be related to masking for
autistic individuals. But for when you had those rules in your teens, like I’m at school, I do
these things at school. Once you’re done that experience, you could walk out and just like
everything is done here completely exhausted. You You are you act out here more hyper,
you’re more ADHD and more autistic because you’re not actually more ADHD or autistic, you just seem it. Because during that time while you’re at school, or you’re at work, you have rules that holds you in place. The pandemic did a great job of completely obliterating all of those rules. And then making it change over and over and over and over again. Like for example, I’m thinking, like my experience here and in, in Canada, working for myself is like very atypical because I, in March of last year, I said I’m going to meet my clients online. And I continued to meet my clients online ever since everything’s been the same. But for a lot of people, it’s been this push and pull of like, Can I go back to the office, can I? How much space Do I have to give what’s so my office is saying this, but my city is saying this, but my province is saying this, but my country is saying this. And like, those changes have completely obliterated the structure that has been holding a lot of people in place. And that made people realize, oh, shoot, I actually have a lot of these tendencies. And I think that maybe some of these people will find coping mechanisms that work really well for them during the pandemic, and they’ll come back to work, and they might not need medication, or they might not need as intensive treatment afterwards. But I think that the ADHD has always been there. And the pandemic is just revealing it.

Katy Weber 20:41

I think, you know, it’s part of my own learning experience when I first was diagnosed. And again, you know, I had the same issue of like, do I actually have this? You know, I find there I had this overwhelming fear, even though my therapist who has a Psy D, like, has ADHD, she’s been telling me for years to get this looked into and, and I was sort of like, Well, no, I’m not hyperactive, or no, I just, you know, like I, I kind of related more to the bipolar elements, you know, more than I did some of the literature I was seeing, but again, I wasn’t really researching it. And then, and so not only was she urging me, at, by the time of, you know, once the pandemic hit, and I was really struggling, she was like, you need to, I think you need to, like really start doing some research and looking into this. And then I went and had the official diagnosis, psychiatric diagnosis, and yet still, I often wonder, do I even Is this something I have? Because I feel like, you know, I’ve also lived a life of feeling betrayed and feeling self doubt, and not, you know, always not feeling like is it me? Or is it the system? And? And, and so I think it’s, it’s kind of meta that there is this element to it all of our diagnosis, or that this is a universal experience that not only are we so grateful to have this diagnosis, but then we have to move on from that to be like, do I even have this? Do I even is this? Is it and then you add on the next layer of like, the medication? Is the medication working? Is it not working? I don't know. Is this the right one for me? What am I even looking for? What am I looking for? help with? Am I how am I met Jay? Yeah, I have lost my train of thought I remember what I was even gonna ask about, I think it was something about the fact that like, so I know what it was, sometimes I think, you know,
when they, when they use throw around this statistic of like, Is it like five to 8% of the population is diagnosed. And so sometimes I think there are, there’s got to be way more than five to 8% of the population that that has this. Even if you just think about kind of the neuro divergence, and if you think about the theory of like, the farmer and the, the farmer and the hunter, you know, the that, that narrative, you know, where I think like, there must be so many people who are struggling, who don’t realize that, you know, the fact that they’ve been treated for depression and anxiety and all of these other sort of co-morbidities that actually what is happening here is ADHD, and for for some reasons that I can’t articulate, simply knowing that this is what has happened to you that you know, that this is your identity is half the treatment, you know, uh, not not to belittle medication, and the structures, but I, you know, I feel like the diagnosis itself is, is, is the treatment for me in a lot of ways. Yeah. I’m curious when you’re when you see, because you work with clients who, I guess come to you when they are, have been recently diagnosed? Do you feel like ADHD is something that is vastly under diagnosed? Or do you feel as though it really is like, there’s

Maaya Hitomi 24:06
just a spectrum? I would say, it really depends on the population. So I think that women are particularly under diagnosed for ADHD. And that is a very major problem. And I also think that racial minorities are also very under diagnosed for ADHD. But I also think that there’s, there’s like the spectrum. And I have no idea as to the validity of those the statistics that are commonly put out there about ADHD. It’s honestly, such a guess, because it’s like, if you look back at the literature, you look at other conditions. They’ll give you one number and then you’ll see that number creep up over the years. And I think that’s kind of what’s happening with ADHD is that it’s kind of creeping up over the years and that’s a result of cause Testing more people acknowledging that it’s more possible for women and racial minorities to experience ADHD symptoms that we didn’t. We didn’t acknowledge previously. I like you have lost my train of thought.

Katy Weber 25:19
That’s okay. You made it. I think that’s a great segue to talk about autism, because I think autism has, has had the same trajectory of sort of like, well, there weren’t any autistic kids when I was a kid. So therefore, it’s made up or therefore it’s, it’s got to be because of vaccines, or it’s got to be because of, you know, chemicals in fertilizer, or whatever, you know, the reasoning and is in here like, Well, actually, it’s probably because as awareness grows, diagnosis grows. So and you have a partner with autism, and you work with patients, or your clients as well, right, or focus on ADHD,
Maaya Hitomi  25:56

I primarily focus on ADHD, but I do, I kind of, I try to reach out to people who are comorbid, or have co occurring ADHD and autism, because I’m going to say that that’s kind of the closest to my experience. Because I’m, I’m probably autistic, myself, my partner is autistic, and probably ADHD. So my experience is kind of, is kind of changed in that way of like, my relationship with routines, my relationship with, with social communication, my relationship with just day to day activities is very different than somebody who only has ADHD, and sometimes that creates a bit of a communication barrier. So I find that working with clients with both are co occurring, really gives me a chance to, to kind of feel at home with them and be able to connect on a much deeper level, because they’re things that you can struggle to, to understand without that personal experience. And yeah, you’re I think you’re exactly right, that autism has been more diagnosed over the year over the years. And part of that is because the the definition of autism has been changing somewhat. And that’s because we haven’t had a whole lot of knowledge about it in the first place, which, you know, an indictment of the psychology, psychology and psychiatry system. But at the same time, I do think that we’re testing our people. And we’re recognizing that maybe it’s not just boys, and maybe it presents a little bit differently in young girls and women. And if anything, that still needs to happen, that we still, again, need to look at how autism and ADHD present in women, girls, racial minorities, people who have less advantages in our society have less of the stereotype to model are these marriage emergencies so that we can finally be getting the people who are perhaps missing services, and suffering as a results? Yeah,

Katy Weber  28:11

yeah. Especially when we talk so much about how the system has failed us. Yeah, to really kind of look at all of the different factors of this system, and what systems are we talking about? Yeah, and that’s actually one thing that I noticed quite quickly and really appreciate was the magnitude of alternative voices in the ADHD community, you know, that there were like, some of the strongest, most, like, sobering, well, well defined voices were coming from, like black women, and how wonderful, you know, what was so refreshing, you know, to be able to lift those voices up and to at the same time, you know, understand how, like I was saying earlier, like, you know, it never occurred to me, because it was my own experience, how, you know, how much how many more layers there are to feeling kind of betrayed and misunderstood throughout your whole life. And then you add to that the racial layer, you know, of, like, the racial layer of emotional regulation as a child and, and feeling, you know, just disappointed, you know, that that extra layer of kind of resentment that that you can feel like you just weren’t you know, you’re just so what’s the word just, you just weren’t helped, you know, in the way that you needed. So that’s one
thing that's been really interesting and refreshing about this community, as I've kind of learned more and more about it.

Maaya Hitomi  29:58
Yeah, I definitely think that’s still needs to happen. Because as as privilege dies, it kind of reifies itself, it makes itself remakes itself over and over again. And one of the things that I think is really important is that we need to acknowledge that in this community, it’s still a very different experience to have a PhD as a white man versus a white woman versus somebody who is black in America versus somebody who’s indigenous in Canada, who’s, who’s different, like, all of those experiences are very different. And they come with different challenges. And we need to hear those voices. And we can magnify those voices, because they’re really important to getting that well rounded perspective. And I also think that they’re, they’re really important than chipping away at kind of the systemic racism, and the systemic disadvantage that minorities in general face.

Katy Weber  30:57
Yeah. And and again, yeah, recognizing, or bringing to light that this is not your problem, you know, like, I think about COVID. And how many, you know, with with COVID treatment, it’s brought to light so many issues in terms of how people are treated in hospitals, and the, you know, the obesity as this comorbidity and that sort of like, well, obesity is not just sort of something that happens to you because of a moral failing. Like, there’s so much more involved. You can’t just say, like people who are obese are more likely to have this when you’re like, no, you’re talking about education, you’re talking about access to resources. I mean, there’s so much more there. Yeah, maybe. I’m feeling like, it’s very difficult for me to keep my train of thought, because I’m just feeling like, my, it’s like fireworks going off everywhere. Yeah, I love these conversations. It’s why I started this podcast, you know, I just love thinking about and exploring these issues. So thank you for that. I’m learning more and more about the crossovers and parallels and they in in the ADHD and artistic experience. And in the community. I don't hear a lot about Asperger's. And it’s one of those things that I sort of, I always my father who now I mean, he’ll never be diagnosed for anything. He’s too stubborn, but I’m pretty sure he’s got he’s got a he’s a mixed bag of things. But I, you know, I always felt like he had Asperger’s. Because for whatever I would read about it and learn about it. I, I would see so much of that in him. But I'm, I'm just realizing like, I don't hear a lot about that in within this neurodivergent community. Is there a reason for that?
Maaya Hitomi  32:49
Yeah, yeah. So there’s a really big reason for that. And that’s that Asperger’s is no longer a diagnosis in the DSM.

Katy Weber  32:57
Okay.

Maaya Hitomi  32:59
It has been rolled into autism spectrum disorders. Okay. And there’s been there’s also been a move within the divergent community to recognize that the power in naming things. And Asperger was an out Nazi, like 1930s, German Nazi that experimented on young people with autism, and acknowledging that that was really harmful. A lot of people in the autistic community have moved away from using the term Asperger’s.

Katy Weber  33:35
Okay, well, that makes perfect sense, then. Oh, but you know, interesting. I hope I’m not the only person who missed that memo.

Maaya Hitomi  33:44
No, no, there are still there are still people, there are still people with autism. Are there some autistic individuals who, who gravitate towards that term, and there is a somewhat of a divide within the autistic community as to the validity of that term? And like, how there has been a whole language created around term of like, ask these and how to change that. So that we’re acknowledging people’s humanity, but also eliminate eliminating that, that tragic history. It’s been a relatively recent time. It’s been a relatively recent change in the community. So you’re by no means the only person who who is still uses that term or, or what have you. It’s just one of those things that things are starting to shift a little bit.

Katy Weber  34:36
Yeah, interesting. Yeah, cuz I think when I think of Asperger’s, I think of Greta thunberg. She’s, she’s always sort of labeled that way. Or she so she’s often comes with that label. And I’m curious now what she would have to say about that. Yeah, yeah. That would be
lovely. If you could have found your podcast. Let me just bring her in. Just Just let me put you on hold overgrow

Maaya Hitomi  35:03
Honestly, I think that part of that is the ideas about autism are very different than the ideas about Asperger’s. So I feel like even when you when you were mentioning that your thought there, it sounds like you, you kind of differentiated his, his experience of what might be. And I'm not able to diagnose anybody, obviously. But what might be mapped today mapped on to autism or Asperger’s. And the media likes to separate those two, there's a narrative that autism is this tragic thing, that it's children drooling, with no control at sitting in wheelchairs, whereas Asperger’s is this, like smart, young Professor type. And I think that gratitude brought to her to her credit, she is such a wonderful activist in such a loud voice. I feel like she maps on to that historical thing, and I don't know what term she would use for herself. But I can almost guarantee that the media is picking up on that difference, rather than necessarily the community itself. Right.

Katy Weber  36:21
And so we, collectively, again, now we shift, we're shifting to the concept of a spectrum, much more just like we are with gender. I mean, I think gender is one of those things. That is now where we think of it as a spectrum. And we think of even attraction as a spectrum, you know? And so that's good. Yeah. All right. That's interesting. I will ask her the next time I see her, I wonder if it's also from country to country to if it's a North American, European sense, because it's true. I mean, there is underlying, and what I was saying about my father is that sort of sense that one of them is more like higher functioning, or you know, that there's a social aspect to it or something that that we can kind of place it's because we like containers, so much. Right? I talk a lot about my my need for containers, and and how you know, it's so it's interesting to think about the fact that like how much we need those when it comes to defining people, and defining ideas and beliefs.

Maaya Hitomi  37:32
And if there's anything that defies containers, more than autism, I don't know what it is. Because I will say that being autistic often comes with a very spiky profile, right? You can do the you can sometimes do these really amazing things that are so unique and powerful. And like they, you're very clearly very advanced in this one area. And then you can also really struggle with this other thing that everybody else has no problem with whatever. And that's one of the key aspects and a lot of autistic people experience is
that maybe, like, even if you’re, you’re not thinking of savant, right, like even just day to day people, they might be really, really good at this logistics, or they might be really good at math, to the point where they’re able to excel in academic studies, but they might struggle to take care of themselves in other ways, that seem really is really easy to their typicals. And that’s a really interesting way that a really troubling way that society uses those terms against us is that, well, if you’re so good at math, if you’re so good at stigma that you do, that you’re able to get a PhD in it, why can’t you tie your shoes? or Why can’t you remember to take your meds on time? And it’s like, because those are two completely different things in the autistic mind, and they are two completely different things. In everybody’s mind. It’s just that it’s more for autistic individuals.

Katy Weber  39:05

Yeah. I think one thing I’m realizing too, when it comes when it came to like whether or not I medicate, because I had no struggle with medication when I thought it was depression and anxiety. Whereas now, I really struggled. And when I first started interviewing everybody, I was like, you know, I asked everybody, are you on medication? What’s it doing for you? Is it work? Because people say some people say, Oh, my God, it was life changing. It works. And I was like, what does that mean? How is it working? What is I don’t even know what I’m looking for. And I realized at some point that I had this fear of losing hyper focus, because hyper focus was something that I clung to, in my identity as as the only thing I had going for me, you know, a lot of the time and so I think that there was that sense of like, if I lose that if I lose that essence of me Through this medication that’s going to make me quote unquote, normal. You know, how do I feel about that? Because for for so long, that was kind of the one that was like the that one good thing. And, and so I’m interesting when you talk about the savant experience, you know that it was almost like, there’s, there’s like, the good artistic experience and the bad artistic experience. And if you have this one element that you are as font at it’s like, then you’re okay, you know, you’re acceptable. You are, there’s that worth that that inherent worth in that, in terms of us, as opposed to looking at being able to sort of now realize, now, I don’t have that experience, because I’m able to appreciate the times where I’m like, say, resting, you know, like, for instance, if I’m spending three days hyper focusing on whatever random thing I’ve, I’ve decided, I’m going to become an expert in on the internet. And then I spend the next two days, lying on the couch, scrolling through Twitter. I appreciate like, I understand why that is happening. And I don’t get down on myself for being lazy. And I don’t think of it as my default state or anything like that. So what that you still you still get doubted yourself for that?
Maaya Hitomi  41:22
Oh, yes, on a daily basis, on a daily basis. I, right now, I blaming it completely on running my own business, because like, there, you might realize that you might feel like this with your podcast as well is that it just feels like there’s always things that could be done. There’s always things that

Katy Weber  41:38
Yeah, I call it building my empire. Because I, you know, one thing I did, when i when i fairly soon after I had a diagnosis, I hired a business coach, because I first of all was able to say to myself, you can’t do this without help, you need help. So stop pretending that you’re somehow going to figure out the puzzle that’s going to get you to do the things you feel like you should be doing. And so, I immediately got a business coach, and she said, you know, she was like, we were talking about the fact that I have all of these ideas, and I go after these things, and I chase these ideas, and then I never, I don’t get anything done. And she was and the first thing she did was like, keep a master list of all of your ideas and put them there. And yeah, you’re I’m sure you do this with your clients where she’s like, you know, call it whatever you want, but you can’t touch that list. It’s just a brain dump. And you can’t touch that list until you’ve come to you need to run away and and figure out what are the milestones on the runway that you need to accomplish with this one task before you can then even look at the list. And it’s been so incredibly helpful for me with my business because I you know, I feel like, on the one hand, so many of us work for ourselves, because we can’t work for other people, and have a lot of difficulty working for others. But then there’s like, all this baggage that comes with being an entrepreneur, which is which is you know, structures and, and accountability and all of these things we really struggle with budgeting and you know, so many things that I felt like, I’m damned if I do, I’m damned if I don’t like, Is there any situation in which I will be at peace? You know, I often think like, ideally, I would be working for somebody at their bookstore. That’s the those, those are the daydreams I have what I’m like, What do I really want to be I just want to check all of this. And I just want to work for somebody at their bookstore, because that’s like, I feel like that’s like, my version of, of men mental peace.

Maaya Hitomi  43:39
I’m really interested in that, actually. Because that’s something that I’ve been considering myself lately, is I had this nagging question in my head of, will I ever feel satisfied? Do you kind of have that experience as well?
Katy Weber 43:51

Absolutely. Yeah. In fact, I was, I broke down with my therapist yesterday about that same issue, which was like, you know, because I’ve really been struggling with whether or not I should continue coaching, whether or not I even enjoy it, you know, because, and, and because there’s so much of the like, hustle that I feel so uncomfortable with, and you know, and then and so I had that same conversation, which was like, I just want to take the path that is going to come with the least amount of emotional baggage, and I haven’t found that yet. And so is that just like, you know, because we, you know, she got into what I don’t like, I hope she’s not listening to this episode. But like, you know, one thing I really, I don’t know if this happens to you, but if somebody starts to tell you like, Oh, well, this is what you need to do. Then you shut down. Yeah, I shut down. And I’m sort of like, no, don’t tell me what to do. I don’t want to feel like I’m in a position of weakness with you. So if you’re suddenly telling me that all of my problems would go away if I, you know, did this one thing. I just completely shut down and I got really defensive and I felt like? Yeah, I just yeah, I started just focusing on like, Am I always gonna feel like, there’s that better version of me that better situation on the horizon?

Maaya Hitomi 45:21

Yeah, the way that my partner talks about it and she tries to really talk me out of this quite a bit is that having some time horizon gives us a reason to move forward. Right. And it feels really bad to always feel like there’s something that we’re aiming for. And we’re always kind of just missing. But I, I think that she has a point there, even though I have a really hard time internalizing that point of like, yeah, it gives me something to aim for, of like, I was able to save for house like I was able to buy a car. And these are things that like, asking bid will be at like 18. I don’t know that I would have had the confidence to be able to say, Oh, yeah, that’s definitely a possibility. My future, moving across the country starting my own business. And I feel like, yeah, it’s really awesome that we continue to move forward. And it’s really awesome to continue to have goals, I really think that that’s really, really powerful. But at the same time, you’re right, I feel like it comes with a little bit of that emotional baggage. Like, is this ever going to be enough? Because like, getting a house, that you realize, Oh, well, not only do I want the house, but I also want, but I also want?

Katy Weber 46:42

Yeah, and I and I think that’s something that we don’t talk about enough, which is the that sort of overwhelming sense of difference, depression or disappointment that comes from the completion of a task? You know, that especially the bigger the task, the bigger the
sense of, of a disappointment when it's over, because so much of the excitement was wrapped up in figuring out how to accomplish it. And so then when it's done, you, you have that letdown that come You know, where you’re sort of like, we’re all right, what’s what now that that in between time before you find your next hyper focus?

Maaya Hitomi 47:25
Yeah, yeah, I actually have a tweet saved my, my drafts exactly, almost exactly like that. So.

Katy Weber 47:36
So just to backtrack a little bit. And I know we're, I can't believe we're already running out of time. But I wanted to find out sort of how you became an ADHD Coach, what in your education led you to this path?

Maaya Hitomi 47:47
Yeah, so my background is in psychology. So I have a master's in psychology and an undergraduate degree in developmental psychology and Gender Studies. And honestly, I have always wanted to be working with clients in one way or another. When I was younger, that was as a counselor, or therapist or psychologist. And then, when I got out of school with my master's, there is an ADHD coaching job at the local learning disabilities Association. And I'm like, Oh, that's, that seems like a lovely thing to try right now to make sure that I’m, and I just loved it. I loved it. Because I get to see the excitement and new clients eyes, when I, when we talk about strategies that can help them, like new client, they is always the best day because I get to, I get to know somebody new, I get to talk to somebody new. And they’re, they’re like, not to reduce them to a puzzle, because they’re far more than that. But it feels like a puzzle to try to figure out of like, Hey, what are what are the things that what’s your experience with I am looking for throw like, those things like, oh, let’s pull out these strings and see how those things come come out. And, and then also being able to feel like at the end of it, they walk away with something meaningful that they can do, not just, and this is not in any way, minimize what counseling or coaching or counseling or therapy does for people. But I know that sometimes those things can take longer to hit of like, you’re unpacking this deep trauma. Whereas with coaching, I really love that you can walk in, you can talk to your computer, you can talk to a coach, we can figure something out. I mean, at the end of the session, it can be like okay, let's try these specific strategies, and then come back and tell you what things worked about them what things didn't work about them. And then the next time is like,
Okay, great. Like you love these things. You hate these things. Let's try to figure out something new. It's such an active problem solving process. I just fell in love with it. Yeah, I love it so much.

Katy Weber  49:54

Yeah, we are definitely the hardest workers. When it comes to kind of trying to figure this stuff out, and one thing I struggle with, with my own coach, which I probably shouldn't say this as a coach, because I do this for clients too, which is like, I have a really hard time keeping track of what's working and what isn't working, because I don't have time for that, you know, so I much prefer face to face conversation. And she's always asking me, like, she's always checking in and being like, how are things going this week? And I was like, I can't just type you an email to like, talk to you about this. So it's definitely my own experiences as has changed. How I coach to. Yeah. And also realizing, I think, you know, it's really I realizing how important it is, which has helped me just in terms of realizing the what I have to offer, you know, and what we have to offer each other in coaching experiences, and that, just because I'm a hot mess, doesn't mean I'm not also a good coach.

Maaya Hitomi  51:00

Exactly, exactly. And the way that I like to describe it to clients is that my role is to bring strategies to them the strategies that worked for me the strategies that didn't work, for me the strategies that worked for my clients, strategies that didn't work for my clients, and we're supposed to hodgepodge together some system that works for them. Right. So like, me, failing is part of the process of like, my me struggling with these things is part of the process that helps my clients feel reassured that, hey, do you understand that because you've been there, you understand this, because, like, you go through your teens, and it just pops into your head, and it's gone forever. And they have to rebuild that from scratch. And that's a very hard thing for somebody that doesn't experience that to talk to. So I think that that's one of the things that that ADHD clients, like about having ADHD coaches, that have ADHD is that we are hot messes. And we're able to see through that, see through that anyway.

Katy Weber  51:59

Yeah, that's true. Yeah, there is an immediate shorthand there. It's been so delightful. Finally getting to talk to you. I was really looking forward to this interview. So thank you. And so where can clients find you? You're, you're entirely virtual, right? You live in
Saskatoon. Whoo. Yeah. But you’re entirely virtual with your clients. And so how can somebody work with you? How can somebody finds you?

Maaya Hitomi 52:26
Yeah, so I can be found on Twitter and swam at structured as UCC. Or you can find me on my website at structured success.ca. I’m always I’m always looking for more people to chat with. I’m always I love interacting with people. So if you if you spot me on social media, feel free to interact. I’m, I’m excited to do so.

Katy Weber 52:50
Yeah, your your Twitter account is like, little like Buddhist wisdom snippets throughout the day. I love it. And often with topics, I always sort of feel like I’m at the point now where I’m like, I trust my work. Like, I’m gonna, what is my I have to say about this?

Maaya Hitomi 53:07
I really appreciate that. But I am also going to urge you to keep a critical mind because I have my biases as well.

Katy Weber 53:13
I know, I understand that. I think like I said, I just feel like there’s something it feels like you’re the adult in the room. I don’t want to put too much pressure on you, though, of course.

Maaya Hitomi 53:21
I really, I especially appreciate that. Because from my side, it does not feel like that. And maybe, maybe that’s something somebody else is experiencing as well. Is that that they’re they’re out there feeling like oh, no, I’m like struggling to get by? Well, sometimes that’s good enough for the outside world.

Katy Weber 53:45
And I just realized I forgot to ask this is a new question I’ve been asking during my interviews, which I threw out at you, which is if you could rename ADHD because the
name is so problematic often. Yeah, what would you call it? I was just gonna say like, I love all of this talk about the spectrum. And just the way in which we kind of really need to redefine the way we define things. So, so I’m realizing as I’ve asked him this question, I’m like, here’s me, looking for strict containers definitions again, and maybe I should stop asking this stuff. But anyway, if you’re if you feel like there’s a better name for what would you call it.

Maaya Hitomi 54:26
There’s actually a really interesting movement in psychology at the moment to move away from diagnostic labels entirely and to move towards kind of dimensions of experience, which I think is really cool. also kind of niche. I don’t know how over I’m interested in learning more, but if I had to pick something, I’d probably go with something like neuro developmental emotion and attention dysregulation. Something like that. Still nice acronym, but I’m not a big fan of the acronyms. I would love a word Yeah. or so. Like, neurodevelopmental executive dysfunction, which kind of gets those points of like it’s more about executive dysfunction than anything else.

Katy Weber 55:11
Yeah, see, I knew see this here’s a situation where I was like I knew I want to know what Maya has to say about this. That’s wonderful. I’m so appreciate your, your perspective. And I feel very grateful for the ways in which you have enlightened me on my own journey. And so thank you for that.

Maaya Hitomi 55:33
I really appreciate that. I also want to thank you for being such a lovely gracious host.