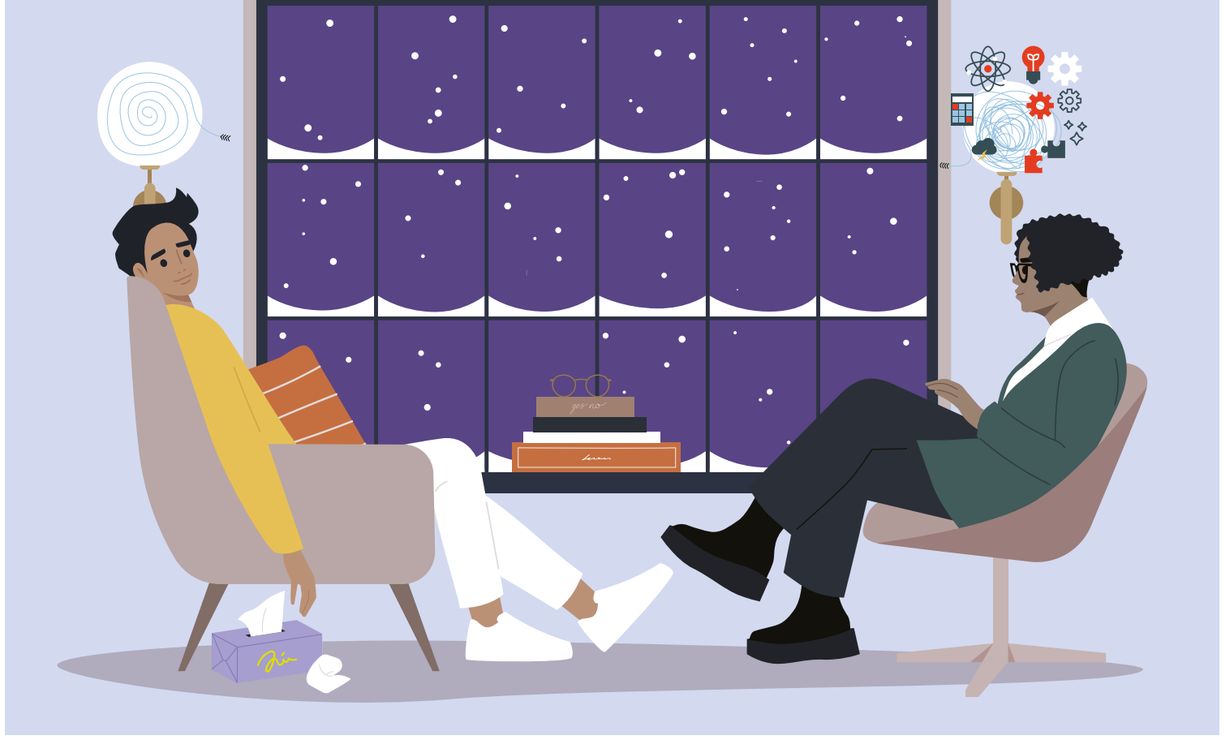


NADIA SNOPEK/SHUTTERSTOCK

Neurodivergence in the other chair

Megan Lewis explores the challenges and benefits of being a therapist with ADHD

My very first client on placement had a diagnosis of attention deficit hyperactivity disorder (ADHD), and at the end of one of our sessions they told me definitively that because of it they could never do what I do. It was also during this time that I was beginning to explore my own neurodivergence, and I had often had my own doubts about whether this was the profession for me. I was keenly aware that much of the literature and certainly the stereotypes regarding ADHD appeared to stand in direct opposition to what I was being taught made a good counsellor.

At the time, as a profession, we were – and perhaps still are – only just beginning to consider what neurodiversity might mean for our work with clients. It appeared that very few practitioners, if any, were openly discussing the experience of neurodiversity in the other chair. I knew that therapists with ADHD existed, but when I turned to the literature looking for answers I found nothing of their experience and thus nothing of mine. It was for this reason that I decided to carry out my own research to give voice to the experiences of person-centred counsellors with ADHD, and to offer a new perspective to challenge the medical, deficit model that seemed to dominate discussions.[1]

Neurodiversity vs disability

The Equality Act 2010 defines a disability as any physical or mental impairment that has a substantial and long-term negative effect on an individual's ability to do daily activities. With this and the diagnostic criteria in mind, ADHD could be and has been described as a disability. Even within contemporary literature emphasis is often placed on the ways in which ADHD impairs individuals and limits their functioning. The name alone contains both 'deficit' and 'disorder', and as I wrote my research I struggled to know how to appropriately substitute words such as these for less medicalised and more affirming language.

In the 1990s the term neurodiversity was coined in order to convey the idea that within any society natural variations in brain development and cognition exist. Individuals whose cognitive processing aligns with the social norm are described as neurotypical, whereas those who deviate from this norm can be described as neurodivergent. Hence neurodiversity is not synonymous with disability. Instead, with much of society set up by and for the dominant neurotypical person, individuals who differ from this are often disadvantaged and oppressed not by their neurodivergence but by their environment. This social model of disability challenges that of the medical model, which places individuals at the centre of the 'problem', and instead highlights the need to examine societal structures when assessing the capabilities and needs of individuals.

Research

Three participants volunteered to explore with me their experiences of being counsellors with ADHD, and were given the pseudonyms Seren, Ieuan and Ffion. Each was a person-centred counsellor and had received a formal diagnosis of ADHD in adulthood. Their time in practice ranged from three to 23 years, and two worked as tutors on counselling training programmes. All were not only willing but eager to share their experiences and so it was important to me that their stories were at the forefront of the research. For this reason, I chose to conduct semi-structured interviews to allow ideas to be explored more freely in the divergent thinking style often associated with ADHD. My intention was not to identify one definitive experience but instead to explore the unique experiences of each participant as well as the ways in which they were similar to or different from each other. From this analysis emerged a number of themes that highlighted both the challenges and opportunities that ADHD had presented to the participants' work as person-centred counsellors.

Focus

When I asked my participants about the ways in which ADHD had impacted their day-to-day lives they all described the challenges that inattention had presented. They spoke of forgotten birthdays and struggling to keep in touch with family, their minds wandering during conversations, and the impossibility of getting work done. I wondered then how they found it possible to sit with their clients for even a counselling hour and remain solely focused on, and connected with, them throughout the session.

First, the participants challenged the notion that maintaining absolute focus was possible, even for a counsellor without ADHD, or necessary. There was an acceptance that attention would fluctuate in sessions and that not only was this normal and manageable but potentially even helpful in sustaining connection long term. These momentary lapses or splits in their attention were experienced almost as a 'little bit of a brain break' and did not appear to impact their ability to develop fruitful relationships with clients. Each described the huge importance they placed on establishing strong therapeutic relationships with clients, as well as their success in doing so. Participants did however acknowledge a number of factors at play that could either challenge or support their ability to remain focused and connected.

All participants recognised that their love for the work they did, which some described as their 'hyperfocus', was an important factor in their ability to maintain focus and that, perhaps, without this it would not be possible. This considered, time boundaries remained crucial as one participant said, 'If it starts to run over then it just falls away, I'm not a good counsellor after that.' Similarly, understanding the mode of delivery that best suited their needs was essential, with Ieuan feeling that he worked most effectively in person, while Seren valued the ability to fidget or doodle off camera during online sessions. Finally, participants recognised that their way of working may not be suited to every client, and thus matching with the right clients was important. This of course is not unique to the experience of the ADHD counsellor, though participants had found that their own experience of neurodiversity had been particularly helpful in their work with neurodivergent clients.

Congruence

Masking is a term that describes strategies used by neurodivergent people to hide or suppress aspects of their behaviour and identity, primarily with the aim of 'fitting in' and meeting social norms. While masking can serve as a protective mechanism against bullying and stigmatisation, it can also have significant consequences for the individual long term, including poor mental health and a sense of identity confusion or fractures.[2] The latter could suggest that counsellors with ADHD might struggle to 'unmask' and be congruent in therapeutic spaces. However, when asked about this, none of the participants felt that this was reflective of their experience. On the contrary, each expressed an inability to be anything but their authentic selves, either because they did not understand social norms or how to imitate them, or because doing so was too draining. That said, Ffion did relate to a sense of internal conflict, of never quite knowing what she felt or believed, and struggling to hold one perspective. While this had presented some challenges to congruence, she spoke of how a growing acceptance of herself, and an effort to make 'space for all those parts' had not only helped her to manage these tensions but also to see the potential benefit of holding multiple points of view. For her, congruence was sometimes about sharing this sense of not quite knowing with her clients and, in demonstrating her humanity and 'imperfection' in this way, allowing clients to feel safe and better able to share their own vulnerabilities too.

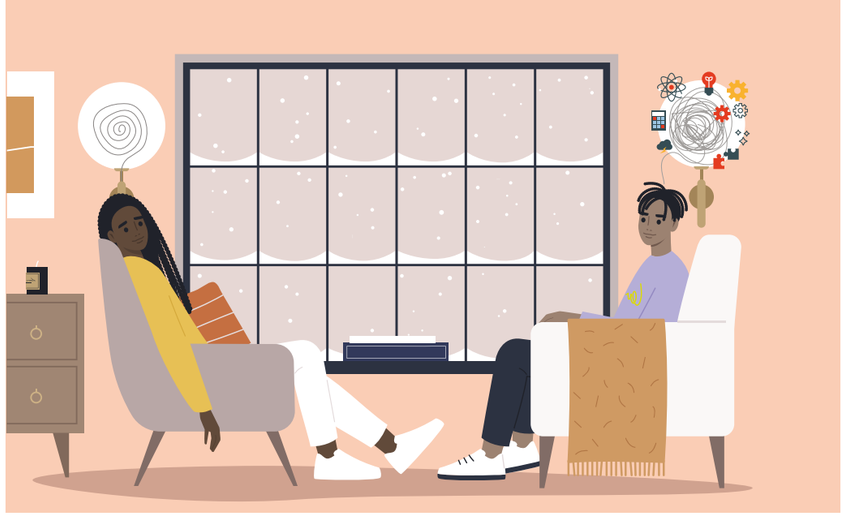
'Even within contemporary literature emphasis is often placed on the ways in which ADHD impairs individuals and limits their functioning. The name alone contains both "deficit" and "disorder"'

All participants acknowledged, however, that congruence and transparency must always be informed by appropriate boundaries. For Ffion this was about recognising that while she endeavoured to be authentic with her clients, 'I can't go in there and be my at-home ADHD self'. Likewise, both Seren and Ieuan spoke of the importance of timing and appropriateness of self-disclosures, particularly in relation to their neurodivergence. Participants were also aware of the unique challenges that their ADHD may present to appropriate, considered disclosures. Seren shared how, in a previous role, impulsivity had led to 'just blurting things out' or interrupting others, while Ffion described occasions of feeling compelled to share ideas or observations with clients. As such, both had recognised a need to manage these behaviours and impulses, and a growing understanding of their ADHD had supported them in doing so. In the event that an impromptu or impulsive disclosure was made, Seren reflected that her role would then be to explore what that had meant for the client, and to manage any impact that it had had on the therapeutic relationship.

Dysregulation

Emotional dysregulation (ED) broadly describes difficulties in regulating both emotional and physiological arousal. Growing and compelling research suggests that as many as 70% of people with ADHD experience ED, despite its exclusion from current diagnostic criteria.[3] All three participants within my study identified traits consistent with ED in their own experiences, although these differed.

Ieuan described experiences of profound emotional responses to others, or what might be called 'hypersensitivity',[4] and of realising during training that 'my practice client was actually having to look after my emotional response to her emotional dilemma'. Although Ieuan had recognised the importance of better emotional regulation he felt that this had led him to become somewhat shut off from his emotional experiences, feeling that to remain in the cognitive was safer. Similarly Ffion sometimes struggled to identify how she felt, but for her this was because of the way in which her emotions seemed to fluctuate. For both there was an ongoing process of finding balance. Meanwhile Seren's difficulties lay in regulating her physiological responses. She spoke of an inability to control her facial expressions, which sometimes led to misunderstandings as others became aware of what she was feeling before she herself was.



NADIA SNOPEK/SHUTTERSTOCK

'This research began as a personal quest for answers and affirmation of my place within person-centred practice and the profession more broadly, and I was introduced to the exciting opportunities that ADHD could present'

It has been argued that a therapist's ability to offer unconditional positive regard requires not only a keen awareness of their emotional responses but also the ability to manage them appropriately.[5] For all participants the link between their ADHD and ED had the potential to act as a barrier to their work as person-centred counsellors. Yet participants felt that not only were they able to offer a non-judgmental space for their clients but that this was in part aided by their ADHD. In other words, while each participant shared experiences reminiscent of the high levels of stigma reported by others with ADHD, they believed these encounters had encouraged within them a greater acceptance of others.[6] As Ffion put it, 'My experience of being judged and [knowing] that when I'm accepted by other people it facilitates a shift, I think helps me to maintain a reasonably non-judgmental stance.'

This non-judgmental approach was further supported by a natural and insatiable curiosity also described by each participant, a trait identified as common in those with ADHD.[7] This curiosity meant that the practitioners held a fascination for other's perspectives that often preceded and outweighed any judgment they may otherwise have felt.

Empathy

Though it remains a difficult concept to define, empathy has been broadly described as the ability to effectively interpret and share in the experiences and emotional state of others. In layman's terms, it is the ability to walk in another's shoes. For the person-centred counsellor empathy represents a fundamental condition of their work with clients.

There are numerous studies that suggest individuals with ADHD and other neurodivergent identities have a lower capacity for empathy. These studies describe difficulties in recognising and interpreting non-verbal cues, an impaired ability to identify emotions, developmental delays in decentring and understanding others' perspectives, and a decreased likelihood of exhibiting emotional empathy.[8,9] While participants recognised some aspects of these difficulties within their own experiences, they passionately challenged the idea that this meant that they could not be empathic. Certainly, as previously discussed, Ieuan appeared instead to experience powerful responses to the emotions of others, which he had had to learn to contain, and Ffion described her own hypersensitivity to cues or clues about how others were feeling, particularly when in the counselling room where her receptors were heightened further still.

Rather than lacking empathy, Seren suggested that the ways in which counsellors with ADHD empathise might be different and that the misunderstanding lay with others, not neurodivergent counsellors. For instance, Seren described how she developed an understanding of clients' experiences by imagining first what she herself might feel in the same position. She hesitated slightly in sharing this with me, feeling that it might be 'the wrong way to do empathy', though finally concluded that there was no right way to be empathic. Indeed, both Ieuan and Ffion had found that utilising their own experiences had been beneficial to their understanding of, and work with, clients, offering them 'a way into approaching other people's feelings'.

All the practitioners were conscious however of not allowing their own material to take up too much space in sessions, which Ffion admitted could sometimes be difficult for her as she described herself as 'very self-involved'. That said, this self-involvement had in itself proved beneficial, allowing Ffion to better maintain what may have been described by Rogers as the 'as if' quality.[10] She described her ability to connect with her clients' distress but not be distressed by it, and how very little existed for her once it had left the room. This was an experience shared by Seren who felt able to easily step out of even 'intense' connections made with clients once a session had ended. Further exploring the different ways in which empathy could be experienced, both Seren and Ieuan shared examples of what might be described as 'embodied empathy' where they were able to empathically understand clients at a 'felt level'.[11]

Implications for practice

This research began as a personal quest for answers and affirmation of my place within person-centred practice and the counselling profession more broadly. While it was sometimes challenging and sobering to hear of my participants' experiences, the honesty and conviction with which they spoke was transformative for me. I found resonance and assurance in their experiences, and the research helped me to reflect on my own practice as a neurodivergent counsellor. I was helped to challenge the stereotypes and assumptions about ADHD that I myself had internalised, and was introduced to the exciting opportunities that ADHD could present for person-centred practice – creativity, authenticity and a new perspective on psychological contact and empathy to name a few.

That said, the completion of this research also brought into sharp focus the ways in which long-held and sometimes rigid assumptions about a right 'way of being' could potentially stifle or overlook these opportunities. I therefore felt it was important to give voice to the many and unique ways in which the participants exemplified both the strengths their neurodivergence afforded and the ways in which they had challenged and overcome any barriers. Each participant helped to highlight the need to develop a more nuanced and fluid understanding of what person-centred practice may look like for neurodivergent counsellors and all other counsellors who, as Seren suggested, 'don't fit' the current mould.

Indeed, Rogers himself spoke with disdain at the idea that he might have even subtly influenced another to mould themselves into his own image, instead of allowing them to be 'the separate professional persons they have every right to become'.[10] My hope then is that a greater understanding of what counsellors with ADHD have to offer to the profession can aid counselling colleagues, supervisors and trainers to better support and celebrate these practitioners. As neurodivergent counsellors we too may be in an ongoing process of, to use Ffion's words, 'making space for all those parts' of ourselves and our work that we have possibly been led to believe were deficits. I hope too that this research can support other neurodivergent practitioners to continue to identify, accept and accommodate their own needs within the counselling space. ●

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