

# On Sensitivity: A Medical Student and an Artist Reflect on the Impact of a Late ADHD Diagnosis

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## Abstract

In this piece, a medical student and an artist explore the impact of a late attention-deficit/hyperactivity disorder (ADHD) diagnosis through an interview. ADHD often manifests differently in females compared to males. The traditional diagnostic criteria, developed from studies predominantly involving boys, under represents symptoms seen more in females such as internalized distress and emotional sensitivity. Singer-songwriter Mackie Friesen received their diagnosis later in life at age 26, but struggled throughout childhood with undiagnosed ADHD and its impact on self-perception. Existing diagnostic tools lack inclusive and sensitive diagnostic criteria that acknowledge the diverse expressions of ADHD. Rather than identifying and treating the negative aspects of the disorder, diagnosis should focus on recognizing and harnessing positive traits such as emotional intelligence and creativity. Societal and cultural factors influence inaccuracies in diagnoses in all medical fields. This analysis invites physicians to refine diagnostic criteria to better capture the varied presentations of ADHD, and allow for a more holistic and empathetic approach to mental health.

*Keywords: ADHD, bias, trauma-informed, psychiatry, interview*

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## Introduction

Attention-Deficit/Hyperactivity Disorder (ADHD) can present differently in men and women. There are two general subtypes of the disorder based on symptom constellation: hyperactive – which is more common in males – and inattentive, which is more common in females. The typical picture of ADHD is an inattentive, distractible child that is disruptive in the elementary classroom. This profile was based on research performed decades ago, primarily on young boys.<sup>1</sup> Females demonstrate lower self-reported ratings of classic ADHD sequelae, such as hyperactivity and externalized impulsivity.<sup>1</sup> Females instead tend to internalize their distress, leading to low self-esteem and inattention as characteristic symptoms.<sup>1</sup> For this reason, many female diagnoses are missed until adulthood. I met one such case at a party a few years ago. Mackie Friesen (she/they), also known by their stage name Snackie, opened up to me about the experience of receiving an ADHD diagnosis at age 26. Between their artistic background and my scientific one, we had many theories on what inefficiencies were at play in their delayed diagnosis. They had thoughts on how society and culture played into the issue, whereas my mind went to the

clinical realm of interviews and inventories (standardized sets of questions to measure symptoms of mental disorders).<sup>2</sup> I decided to conduct an interview of my own to better understand her experience. What follows is the interview and analysis it informed.

### **Tell me about how you arrived at a diagnosis.**

MACKIE: “About a year and a half ago I came to the end of a six-year relationship, and then had a rebound that didn’t end well. That’s what happened before I hit rock bottom – or what I’ve seen called the ‘dark night of the soul.’ I remember this moment of complete surrender where I was crying on the floor in Child’s pose. I remember thinking to myself ‘I don’t really want to live like this. Something bigger is going on than this relationship that just ended. I need to get help.’ I talked to my family doctor and they started me on antidepressants and anti-anxiety medication. They also suggested an online CBT course. It was 10 modules, online chat counselling and journaling exercises. I started paying more attention to behaviours and logging my moods throughout day.

“During this time a friend of mine was diagnosed with ADHD. She told me about her experience and sent me Instagram pages made by and for people with ADHD – flipping through them I was like, check, check,

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check, this is me. I did a lot of my own research before approaching my doctor about it. I definitely felt a lot of impostor syndrome, but luckily my doctor was receptive in getting me the support I needed.”

#### **What kind of kid were you in grade school?**

MACKIE: “I was a daydreamer. One hundred percent.”

#### **Were you rambunctious, a bit of a trouble-maker?**

MACKIE: “I wasn’t, no.”

#### **So not the typical image that comes to mind of a child with ADHD, bouncing off the walls.**

MACKIE: “Definitely not. I do have this one memory from grade 8 where I was doodling during class and the teacher made me stop so I would pay attention. But really, I was paying way more attention when I was doodling because I was under-stimulated. So as soon as I was told to stop [doodling], I’d start daydreaming and miss way more of the lecture. I ended up doing a lot of my learning at home.”

#### **What would have been different if you had been diagnosed earlier?**

MACKIE: “I think I really would have benefitted from one-on-one assistance, or special ed. Not that I did poorly in school – I’m from a small town and both of my parents worked at my school, so there was a lot of pressure to do well – and I did. But the burden really fell on me to do it on my own outside of class. The classroom wasn’t a very safe space for me. One time I asked a question in math class and the teacher’s response was ‘Maybe you have to go back to kindergarten.’ In her mind, since I was grouped with all the other kids, the only reason for me to miss something was not paying attention or being a “bad kid.” After things like that happening over and over again, I learned to internalize a lot.

“I think the bigger picture here is the impact not knowing this about myself had on how I viewed myself. It’s been a lot of un-learning and re-training my brain to not resort to negative-self talk and fight-or-flight in the face of every “threat.”

#### **How do you think your diagnosis affects you as a musician?**

MACKIE: “I really don’t think it impacts that part of my life negatively at all. One component to [my] ADHD is hyper-sensitivity to stimuli like sounds and physical sensations that cause distraction and overwhelm. On the other hand, it makes me more sensitive to things that others aren’t, which is a very beautiful thing to have as a creative person. Being hypersensitive extends beyond the physical senses. It makes me more sensitive to the feeling in a room, the feelings of others. It’s what makes me more intuitive and empathetic. Allowing myself to lean into those skills has made it so much easier for me to channel creative energy. Hav-

ing a diagnosis has allowed me to embrace those parts of myself that help me be more creative because I’m learning to let go of the things that block me and give me fear. Having ADHD doesn’t impact my creativity at all in a bad way. But the way that I’ve learned to look at myself has. “A good example is if I’m constantly thinking about how I’m going to be perceived while trying to create. Wondering ‘are people going to like this song’ – focusing on all the wrong things... Thinking that I’m “too much” or having a sensitivity to rejection means that I overthink everything, I want to be a perfectionist. I can’t tell you how many videos I have on my phone that I recorded but never posted because they weren’t good enough in my mind. When in reality, probably no one would have noticed any of the mistakes that I’m perceiving. I have 2 full albums recorded that I still haven’t released.”

#### **Tell me more about how ADHD can get in the way of things.**

MACKIE: “The ability to hyper-fixate on things can go either way, depending on your trauma-informed brain. If I’m allowing negative thought patterns to perpetuate, the ADHD tendencies come out in a really bad way.

“I know that if I can focus too much on negative things and that can block me from creativity, I can also focus on positive things and that can open up the door for me to access this part of me that allows me to be creative. And that’s something I can use as a tool to process my own stuff and be present in that moment to fully experience what I’m feeling. I can use that sensitivity to feel something in that moment and give it as a gift through music.”

#### **What would you like practitioners in psychiatry to know?**

MACKIE: “There seems to be a really strong focus on the negative, and I’m not sure there has to be. ADHD seems to be regarded as something that needs to be fixed. Maybe my brain isn’t what needs to be fixed, but all these norms of what a learner, worker, a person should be – is.”

In a clinical context, sensitivity has a different meaning. It refers to the ability of a diagnostic test to accurately identify cases in which the target disease is present.<sup>3</sup> However, there is typically a trade-off between this ability to identify every patient who has the illness, while accurately excluding those who don’t (known as a test’s specificity<sup>3</sup>). This sensitivity-specificity trade-off has long inconvenienced both clinicians and researchers. Thus, physicians typically use several tools to evaluate different aspects of the suspected disease before making a diagnosis, such as finding x on physical exam, along with laboratory result y, and imaging sign z. Standalone confirmatory tests – so-called “gold-standards” – do exist but are often too invasive or expensive to be used routinely. In practice, absolute diagnostic certainty is generally not the goal.

Instead, clinicians need to establish that the comparative risk of treating the patient is less than that of not initiating treatment, regardless of disease presence. This is one of the first concepts we were taught in clinical reasoning, yet has taken the longest to sink in. I remember being concerned about how uncommon certainty is in medicine; that black and white scenarios are hugely outnumbered by the many, many shades of grey. Since western medicine is so firmly rooted in empirical science, I expected confirmatory tests to be much more prevalent in practice than they are. Physicians are trained to identify underlying causes of problems and – hopefully – fixing them. It’s hard for medical professionals to imagine diseases or disorders as anything other than what Mackie said: something in need of fixing. Psychiatry is a unique sub-field of medicine in that its baseline for patients isn’t defined by objective physiological measurements. It remains the only specialty where diagnoses are – at least to the extent of my knowledge – entirely clinical. Pathology is defined by a pattern of cognition that causes “significant distress or impairment,”<sup>4</sup> usually secondary to a symptom deemed “atypical.” In Mackie’s case, “distress and impairment” was skillfully concealed as a child. She internalized her symptoms and they manifested differently later in life. The gender bias in psychiatric research built insensitive diagnostic inventories,<sup>1</sup> which fail to capture this picture of a patient with ADHD. This is the ultimate cause of the delayed diagnosis and years of inadequate psychological support.

### So, what can we do about it?

Until a gold standard biological marker is discovered for ADHD, we can start by attempting to eliminate the gender bias in psychiatry. This can be done by researching expressions of disease of people of all genders and expanding diagnostic criteria accordingly. Adding to this effort in any field of medicine is not the 21st-century clinician’s aspiration, it is their responsibility. I also appreciated Mackie’s question of why diagnostic criteria focus on negative aspects of disease. It would be interesting to investigate the diagnostic power of items on inventories that capture positive aspects of “disorders.” Based on what Mackie shared, I’m curious about an inventory item for ADHD that would assess for emotional intelligence or creativity. Though I’m still wrestling to understand the logic that underpins much of clinical reasoning, my takeaway is this: perhaps sensitivity is underappreciated – not just in diagnostics, but as a trait itself.

*Snackie’s most recent single “Could It Be” (2023) is available on major streaming platforms.*

## References

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