MARTYN KYLE COUNSELLING

# The Interest-Based Mind

*A companion guide to ADHD, motivation, and working with your brain instead of against it*

## FOUR THINGS THAT WORK DIFFERENTLY

**1 Working Memory**

Holding information in mind long enough to use it — instructions, intentions, the thread of a task.

**2 Time Sense**

Feeling how long something will take, or how close a deadline really is.

**3 Emotional Regulation**

Keeping an emotional reaction proportionate to what triggered it.

**4 Motivation**

Starting and sustaining effort on tasks that aren't inherently interesting.

*None of these are about effort or character. They're about how this particular brain is wired to run.*

**A word about the title**

An ADHD brain isn't poorly motivated — it's motivated differently. It runs on interest, urgency, novelty, and challenge far more than on importance alone. This guide is about understanding that operating system, not fighting it.

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# Welcome

This is a companion to *Untangling Shame*, *Coming Back to Safe*, and *Two Minds About It*. ADHD often touches all three — shame that's built up over years of being told to try harder, a nervous system that swings between overwhelm and shutdown, and a very particular, very misunderstood kind of stuckness.

ADHD affects how the brain manages attention, time, memory, and emotion — not how much someone cares, or how hard they're willing to try. This guide focuses on adults, whether newly diagnosed, long diagnosed, or simply recognising a lifelong pattern for the first time.

This guide won't tell you to just try harder. It will help you understand what's actually happening, and build supports that work with your brain's real operating system.

**This is not laziness**
Difficulty starting or sustaining effort on low-interest tasks is a well-documented feature of ADHD, not a character flaw.

**This is not a lack of intelligence**
ADHD affects executive function, not capability or intellect — the two are independent of each other.

**This is not something to just try harder at**
ADHD is best understood as a disorder of doing, not of knowing — willpower alone doesn't close that gap.

**This is practice, not persuasion**
Understanding the pattern is different from having systems that work with it. Both matter, and the second takes building.

> **How it links with the other guides**
>
> Years of being told to concentrate, be tidier, or just remember can leave a real residue of shame — and an ADHD nervous system often runs closer to its edges of overwhelm than most. *Untangling Shame* and *Coming Back to Safe* may help alongside this one.

# The Pattern — A Disorder of Doing, Not Knowing

One of the most useful reframes in ADHD research is this: ADHD is best understood as a disorder of performance, not of knowledge. Most adults with ADHD already know what they "should" do — get started earlier, break the task down, remember the appointment. What's impaired isn't the knowledge. It's the reliable link between knowing and doing, at the actual moment it's needed.

| Knowing what to do | Doing what you know |
| --- | --- |
| Usually intact — most adults with ADHD can describe exactly what "should" happen. | Often unreliable — the knowledge doesn't reliably translate into action at the point it's needed. |
| Available in calm, reflective moments. | Most affected under low interest, low urgency, or high friction. |
| Doesn't predict follow-through. | Depends heavily on interest, urgency, novelty, and challenge — not on how important the task "should" feel. |

> **The distinction matters**
>
> If ADHD were a knowledge gap, more information would fix it. It rarely does — because the gap sits between knowing and doing, at the exact moment of performance. That's a different problem, and it needs different tools.

**A useful reframe**

"I don't need to be told what to do again. I need the environment and the moment itself to make doing it easier."

STEP 1

# Notice Which System Is Struggling

*ADHD isn't one thing — it shows up differently depending on which system is under the most load.*

| System | What it looks like when it's struggling |
|---|---|
| **Working memory** | Losing the thread mid-task, walking into a room and forgetting why, re-reading the same paragraph |
| **Time sense** | Chronic lateness, "I'll just do it in five minutes" becoming an hour, deadlines arriving as a surprise |
| **Emotional regulation** | Reactions that feel bigger than the moment, rapid mood shifts, difficulty calming back down |
| **Motivation** | Paralysis on important-but-boring tasks, alongside easy hours of focus on something interesting |

**Notice without accusation**

Try: "This system is under load right now." This names what's happening without treating it as evidence of not trying hard enough.

# Understand the Interest-Based Nervous System

*Importance alone rarely starts an ADHD brain moving. These four things reliably do.*

Where a neurotypical brain can often start a task because it matters, an ADHD brain's motivation system responds much more powerfully to interest, urgency, novelty, and challenge — regardless of how important the task objectively is. Understanding this is often more useful than more willpower.

| Driver | What it looks like | A question to try |
|---|---|---|
| **Interest** | Genuine curiosity or enjoyment in the task itself | "Is there a way to make this more interesting to me?" |
| **Urgency** | A real or created deadline, close enough to feel | "Can I create an earlier, real deadline?" |
| **Novelty** | Something new about the task, the setting, or the approach | "What's one new way I could do this?" |
| **Challenge** | A degree of difficulty that engages rather than bores | "Can I raise the stakes or the difficulty slightly?" |

> **No single origin is required**
>
> You don't need to overhaul every task. Even one of these four levers, applied deliberately, can be the difference between stuck and moving.

STEP 3

# Separate the Wave From the Verdict

*A sudden wave of rejection pain is common in ADHD — and it isn't proof of what it claims to be true.*

**CUE**
A comment, a look, a perceived criticism — however small.

→

**WAVE**
A sudden, physical rush of pain — much bigger than the moment.

→

**STORY**
"I've ruined this." "They think I'm useless." One interpretation, arriving fast.

→

**CHECK**
"Is this the wave talking, or what actually happened?"

→

**STEP**
One grounded response, once the wave has passed its peak.

**A short practice**

"I notice a wave of rejection pain. It is real and it is intense — and its intensity doesn't prove the story is accurate. What actually happened, in a sentence a camera could confirm?"

**The wave is not a choice**

This intensity is a well-documented feature of emotional regulation difficulties in ADHD — not drama, not oversensitivity. Knowing that doesn't make the wave smaller, but it can make it easier to ride out without adding a second layer of self-criticism on top.

STEP 4

# Understand the Weight of Stigma

*Years of being misunderstood leave a real residue — it's worth naming directly.*

Adults with ADHD frequently carry not just the condition itself but the accumulated weight of how it's been received by others — doubt about whether it's "real," assumptions about laziness or carelessness, and the internalising of those judgements into a person's own sense of self.

### WHERE THE WEIGHT COMES FROM

**Public stigma**

Stereotypes and doubt from others — including, sometimes, the suggestion that ADHD "isn't real."

**Anticipated discrimination**

Expecting to be judged before it happens — often most acute around work and new relationships.

Naming
the weight

**Internalised stigma**

Those judgements taken inward, becoming self-doubt about your own worth and capability.

| Type | A question to try |
|---|---|
| **Public stigma** | "Whose voice is this, originally?" |
| **Anticipated discrimination** | "Am I bracing for something that hasn't happened yet?" |
| **Internalised stigma** | "Have I started believing this about myself?" |

STEP 5

# Build External Scaffolding

*The most reliable fixes live outside your head, not inside your willpower.*

**Experiments to choose from**

- Externalise working memory — write it down the moment it arrives, rather than trusting you'll remember it.
- Externalise time — visible clocks, timers, and calendar alerts rather than an internal sense of "later."
- Reduce friction on the task's first step — lay it out the night before, open the document, put it where you'll see it.
- Borrow urgency deliberately — a real, earlier deadline you've told someone else about.

**This is not a workaround to be ashamed of**

Scaffolding isn't cheating or evidence you "can't cope." It's simply working with the operating system you actually have, the same way glasses work with eyesight rather than against it.

STEP 6

# If You're Only Just Finding This Out

*Many people — especially women — reach a diagnosis later in life, often after years of getting by another way.*

1. **Late diagnosis is common, not a sign you were "faking it well."** Presentation and referral patterns have historically missed many adults, especially women.
2. **Masking has a real cost.** The compensating strategies that got you this far often come at the price of exhaustion, and can make the condition harder for others to recognise.
3. **Grief is a normal response to a late diagnosis.** It's common to feel grief for years of struggle that now make more sense, alongside relief.
4. **Life transitions can overwhelm long-standing coping.** A new job, a house move, or a hormonal shift can be what finally makes a lifelong pattern visible.
5. **You don't need to unlearn every strategy that's helped.** The goal is adding real support, not dismantling everything that's got you this far.

> **A distinction to carry**
>
> "I wasn't coping badly all those years. I was coping without knowing what I was coping with."

# Practice Page — When You Notice the Pattern

Use this after noticing overwhelm, a rejection wave, or a stuck task.

**What was happening just before this?**

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**Which system feels most under load — memory, time, emotion, or motivation?**

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**What did I feel in my body?**

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**What story arrived alongside it?**

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**What is one piece of scaffolding that might help here?**

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**What would I bring to counselling?**

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# A Week of Practice — Small Repetitions, Not a Test

Choose one practice only. Systems get built through repetition, not a single good day.

| Day | A small experiment | What to notice |
|---|---|---|
| **Day 1** | Notice one moment of struggle and name which system it is. | Whether naming it changes the self-talk that follows. |
| **Day 2** | Apply one motivation lever (interest, urgency, novelty, challenge) to a stuck task. | Whether it shifts anything, even slightly. |
| **Day 3** | Externalise one piece of working memory the moment it arrives. | Whether writing it down changes how much mental effort it takes. |
| **Day 4** | Notice a rejection wave and separate it from the story it brings. | How long the wave actually lasts once named. |
| **Day 5** | Reduce friction on tomorrow's first step, tonight. | Whether starting felt any different. |
| **Day 6** | Notice one moment of internalised stigma and whose voice it resembles. | Whether the thought loosens once it's named. |
| **Day 7** | Review with compassion — what helped, even a little. | Progress may look like recognising the pattern sooner, not eliminating it. |

# Quick Reference — Five Questions for a Stuck or Overwhelmed Moment

Keep this close for the moment it hits fast.

| | |
|---|---|
| **1. WHICH SYSTEM?** | Memory, time, emotion, or motivation? |
| **2. WAVE OR FACT?** | Is this a rejection wave, or what actually happened? |
| **3. WHAT LEVER?** | Interest, urgency, novelty, or challenge — which is missing? |
| **4. WHAT SCAFFOLD?** | Can this be externalised rather than willed? |
| **5. WHOSE VOICE?** | Is this judgement mine, or one I've absorbed? |

> **Remember**
>
> You already know what to do, most of the time. The gap isn't knowledge. It's the bridge between knowing and doing — and that bridge can be built from the outside in.

# Evidence & Notes — What Informed This Companion Guide

The language here is deliberately practical and non-diagnostic. It supports counselling; it does not replace individual formulation, diagnosis, or clinical judgement.

**Key learning from the research**

ADHD is best understood as a disorder of executive function and self-regulation — affecting the reliable translation of intention into action — rather than a deficit in attention or knowledge alone.

Emotional dysregulation, including intense reactivity to perceived rejection or criticism, is a well-documented and often under-recognised feature of ADHD across the lifespan, distinct from the core attention and hyperactivity criteria.

Women and girls with ADHD are disproportionately diagnosed late, in part due to masking and presentation differences that current diagnostic frameworks were not originally built to capture.

Internalised stigma is common in adults with ADHD and is measurably linked to lower self-esteem and quality of life — separate from, and additional to, the impact of ADHD symptoms themselves.

**Important limits**

This guide is educational, not diagnostic. A formal ADHD diagnosis requires a qualified clinical assessment.

ADHD presents differently across individuals, and not everyone will recognise every pattern described here. Explore what fits tentatively and collaboratively.

If overwhelm, shutdown, or rejection sensitivity is frequent, severe, or connected to other mental health concerns, bring this to a full clinical conversation rather than relying on self-management alone.

# Sources — Further Reading

Selected research and professional sources used to shape this guide.


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**Using this alongside the other companion guides**

When shame or overwhelm arrives alongside an ADHD moment, let this guide help you ask which system is under load, and whether the judgement you're feeling is really your own. Bring what you notice to counselling.