



THE LIMINAL MIND

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AuDHD: NAVIGATING THE TENSION BETWEEN RESTRICTIVE BEHAVIOURS AND NOVELTY SEEKING

The term AuDHD is an emerging, non-clinical descriptor used to denote the co-occurrence of Autism Spectrum Disorder (ASD) and Attention Deficit Hyperactivity Disorder (ADHD). Both conditions are classified as neurodevelopmental disorders in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5), and represent distinct yet overlapping neurodivergent profiles.

Diagnostic Criteria and Symptomatology

According to DSM-5, ASD is characterized by persistent deficits in social communication and social interaction, alongside restricted, repetitive patterns of behavior, interests, or activities. Atypical sensory processing—manifesting as hypersensitivity or hyposensitivity—is also a core feature, often leading to behaviors such as sensory avoidance or sensory-seeking through repetitive movements.

ADHD, by contrast, is defined by developmentally inappropriate levels of inattention, disorganization, and/or hyperactivity-impulsivity. Individuals may struggle to sustain attention, remain organized, or regulate impulses, often displaying behaviors such as fidgeting, interrupting, or difficulty waiting their turn.

Historically, diagnostic frameworks such as DSM-IV and ICD-10 treated ASD and ADHD as mutually exclusive. However, DSM-5 acknowledges the possibility of comorbidity. Meta-analyses indicate that approximately 50–70% of individuals with ASD exhibit symptoms of ADHD, while 20–30% of those diagnosed with ADHD display traits associated with ASD. This significant overlap underscores the need for nuanced diagnostic approaches and further empirical investigation into the co-occurrence of these conditions.

The Complexity of Co-occurrence: Understanding AuDHD

The intersection of ASD and ADHD presents a unique and often paradoxical clinical picture. While the two conditions have distinct diagnostic criteria, they also share overlapping features such as sensory processing differences, emotional dysregulation, social challenges, and repetitive behaviors (e.g., stimming). For individuals with AuDHD, these shared and divergent traits can create internal conflicts and functional challenges.

For example, the autistic preference for routine and predictability may clash with the ADHD-driven need for novelty and stimulation. Similarly, an individual may crave social interaction (a trait often associated with ADHD) yet find social environments overwhelming or confusing (a common experience in ASD). Other manifestations may include:

- A tension between the desire for structure and a tendency toward boredom with repetition
- A longing for social connection coupled with difficulty navigating social norms
- Hyper-organization as a compensatory strategy for chronic forgetfulness and disorganization
- A state of being easily overwhelmed, yet unable to slow down or disengage

Implications for Support and Intervention

Given the heterogeneity of presentations, no two individuals with AuDHD will exhibit the same symptom profile. This variability necessitates individualized, flexible support strategies that account for both the shared and conflicting traits of ASD and ADHD. Interventions should be person-centered, strengths-based, and responsive to the dynamic interplay of sensory, cognitive, and emotional needs.

The recognition of AuDHD as a distinct neurodivergent experience invites a deeper exploration into how co-occurring ASD and ADHD shape cognition, behavior, and identity. As awareness grows, so too must the commitment to research, clinical training, and inclusive practices that honor the complexity of neurodiversity.

** This article is based on review of various literature.

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AuDHD is an emerging, non-clinical descriptor used to denote the co-occurrence of Autism Spectrum Disorder (ASD) and Attention Deficit Hyperactivity Disorder (ADHD).

PSYCHO-ONCOLOGY IN BREAST CANCER: ESSENTIAL MENTAL HEALTH CARE FOR IMPROVED OUTCOMES

Breast cancer continues to be the leading cancer diagnosed in women worldwide, representing a critical global health concern that impacts millions each year. In 2025, projections indicate that in the United States alone, approximately 316,950 women and 2,800 men will be diagnosed with invasive breast cancer, with an additional 59,080 cases of non-invasive breast cancer. Across the globe, more than 2.3 million women will face a breast cancer diagnosis annually, and the disease is responsible for hundreds of thousands of deaths, accounting for an estimated 670,000 fatalities in 2022. These numbers highlight the urgent need for effective awareness, early detection strategies, and comprehensive care. The psychological burden associated with a breast cancer diagnosis cannot be overstated. Patients experience not only physical pain but also significant emotional distress, including anxiety, depression, fear of recurrence, and body image disturbances. This emotional toll often affects their ability to cope with the disease and may negatively influence both treatment adherence and overall quality of life. The process of diagnosis, surgery, chemotherapy, and ongoing surveillance introduces psychological stressors that require targeted interventions.

Research has demonstrated that psychological interventions can significantly improve outcomes for breast cancer patients. These interventions encompass a range of approaches, including cognitive behavioral therapy (CBT), psycho-educational programs, and supportive therapies designed to address maladaptive thought patterns and increase psychological resilience. CBT, in particular, is noted for its efficacy in reducing anxiety and depression, fostering optimism, and helping patients restructure negative cognitive schemas, leading to improved quality of life.

Positive psychological interventions based on the PERMA model help breast cancer patients by focusing on five key areas: Positive Emotions, Engagement, Relationships, Meaning, and Achievement. These interventions encourage patients to find joy, connect with others, discover purpose, and celebrate personal progress. Techniques such as group therapy, gratitude exercises, and expressive writing are used to support emotional healing and rebuilding social bonds. Studies show that this approach reduces anxiety and depression, improves quality of life, and fosters resilience during treatment. Overall, the PERMA model empowers patients to focus on strengths and positive experiences, helping them cope better and live more fulfilling lives despite their illness.

Psychological interventions not only alleviate negative emotions such as depression and anxiety but also bolster psychological resilience and enhance treatment compliance. Improved emotional well-being is linked to better adherence to medical regimens, higher rates of return to normal life, and, in some cases, improved survival rates. Patients benefit most from interventions that are tailored to their specific psychological needs, initiated early in the treatment cycle, and supported by trained professionals in multidisciplinary teams.

Furthermore, psychosocial support programs facilitate adaptation by helping patients manage changes in self-concept, social roles, and family dynamics. As breast cancer can affect anyone regardless of risk factors, comprehensive psychological care alongside medical treatment is fundamental for optimal outcomes.

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WHAT PEOPLE THINK OCD IS VS WHAT IT ACTUALLY IS

Obsessive-Compulsive Disorder (OCD) is often misunderstood and casually used to describe people who like cleanliness or order. However, OCD is a serious mental disorder that goes far beyond wanting things to be “perfect.” To explore this gap in understanding, informal interviews were conducted with individuals without a psychology background, who shared their perceptions of OCD.

Most participants described OCD as a tendency to keep surroundings neat and organized or a habit of repeating actions like checking locks or arranging objects “just right.” Some even compared OCD traits to popular characters like Monica from Friends. A few recognized that OCD might stem from brain imbalances and mentioned that medication could help, but many still viewed it as a matter of personality or habit. They believed OCD people simply “can’t relax until things are their way” and that such behaviors reflect perfectionism rather than mental distress.

In reality, according to the Diagnostic and Statistical Manual of Mental Disorders (5th ed., text rev.; DSM-5-TR), OCD involves the presence of obsessions, compulsions, or both (American Psychiatric Association [APA], 2022). Obsessions are intrusive and unwanted thoughts, urges, or images that cause intense anxiety. Compulsions are repetitive behaviors or mental acts performed to reduce that anxiety or prevent a feared event. These actions are often excessive and not realistically connected to what they are meant to prevent. Importantly, OCD is time-consuming and causes significant distress or impairment in daily functioning (APA, 2022).

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Unlike the common belief that OCD is simply about neatness, the disorder can manifest in many forms—fear of contamination, aggressive or taboo thoughts, or the need for symmetry. People with OCD often know their fears are irrational but feel compelled to act on them to relieve unbearable anxiety. It is not a matter of choice or personality but a neurobiological condition that requires professional treatment such as Cognitive Behavioral Therapy (CBT) and medication.

Understanding this distinction is vital. When society reduces OCD to a “clean freak” stereotype, it overlooks the suffering that individuals experience. OCD is not about being tidy—it’s about being trapped in a cycle of unwanted thoughts and repetitive actions. Recognizing OCD as a genuine mental disorder helps promote empathy, accurate awareness, and support for those who live with it every day.

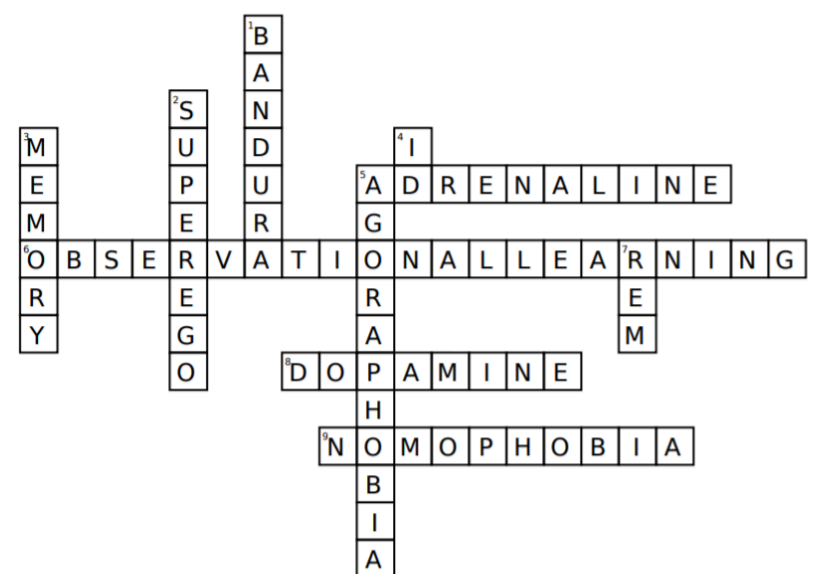
OCD is a serious mental disorder that goes far beyond wanting things to be “perfect.”

WHO AM I?

- I make your heart race and palms sweat,
Even when there’s no real threat.
I’m worry’s cousin, fear’s disguise —
What am I?
- I’m not a lie, but not quite true, Your brain rewrites me out of the blue.
You swear it happened — but it didn’t!
What am I?
- You’re tired, heavy, and nothing feels right,
Even sunshine can’t make you bright.
What am I?
- I make you feel watched though no one’s near,
Your mind whispers warnings you alone can hear.
What am I?
- You forget your name or where you’ve been, But it’s not just age — it’s something within.
What am I?
- I make you see or hear what isn’t there, Whispers or visions that float in the air. Your senses deceive,
your brain plays a show —
What am I?
- You fear spiders, clowns, or height so tall,
Even harmless things make your courage fall.
What am I?
- I make you believe something false is true,
“No one can convince me — not even you!”
I twist your thoughts till reality’s gone —
What am I?
- You can’t sit still, your thoughts race fast,
Focus? It’s gone before it can last.
What am I?
- The danger is gone, but my body won’t rest, A sound or smell puts me to the test.
I relive the fear though it’s long past due —
What am I?

*Please Check page 3 for answers

Solution to Last Issue’s Crossword



Down:

- The famous bodo doll experiment guy
- the voice in your head that says follow the norms
- When you brain hits save button
- The part of your personality that loves pizza and hates homework
- The fear of open spaces
- the stage of sleep when you dream

Across:

- The fight or flight hormone that makes you superhero-fast for 5 seconds
- learning by watching others
- The feel good chemical in your brain
- the fear of being without your phone

PROCRASTINATION: A PSYCHOLOGICAL INSIGHT

More than just putting things off, procrastination is a deeply psychological behavior rooted in emotion, motivation, and self-control. Psychologists define it as the voluntary delay of an intended action, despite knowing it may lead to negative consequences. It is not a time-management issue but rather an emotional regulation problem.

When faced with a difficult or unpleasant task, people often experience feelings of stress, fear, or self-doubt. To escape these uncomfortable emotions, the mind seeks temporary relief by avoiding the task and engaging in something more enjoyable. This avoidance provides short-term comfort but leads to guilt, anxiety, and reduced performance later, creating a repeated cycle of delay and regret.

According to psychological theories such as temporal discounting, people value immediate pleasure over long-term rewards, which explains why procrastination feels satisfying in the moment but harmful in the long run. Personality traits also play a role as perfectionists may procrastinate due to fear of failure, while individuals with low self-confidence may delay tasks to protect their self-image.

Chronic procrastination can have serious mental health effects. It increases stress, reduces self-esteem, and can contribute to anxiety or depression. Overcoming it requires understanding its emotional roots rather than relying only on discipline. Techniques like breaking tasks into smaller steps, focusing on progress instead of perfection, and practicing self-compassion help build healthier habits.

In essence, procrastination is not a sign of weakness but a reflection of the mind's struggle to balance comfort and responsibility. Recognizing this inner conflict is the first step toward overcoming it and achieving personal growth.

By Diya Sathyajith

THE TURNAROUND ON HILLTOP

Niya, a bright and ambitious Class 12 student, found herself entangled in a web of despair. For three years, she was in a toxic relationship that consumed her every waking moment. Despite her academic potential, she couldn't focus on her studies, and her grades began to slip. Her classmates, whom she had once helped, now ignored her, and her family criticized her every move.

The final blow came when her boyfriend broke up with her, leaving her shattered and hopeless. In a moment of desperation, Niya decided to end her life. She walked to a nearby hill, intent on jumping from the top.

As she climbed, she noticed the beauty around her where a family was playing happily, friends laughing, and a group meditating under a tree. These glimpses of joy and peace seemed to fade into the background as she reached the top, ready to take the leap.

But fate had other plans. A piece of paper caught her eye: "Nothing stays forever." The words resonated deeply within her. Niya's thoughts shifted from despair to hope. She realized that just like the good times, the bad times would also pass.

She thought about the happy moments she had witnessed on her way up – the family's laughter, the friends' camaraderie, and the meditators' serenity. A spark of desire ignited within her to experience such happiness too.

Niya sat down, reflecting on her life. She thought about the good times, her strengths, and her resilience. A newfound determination emerged, and she decided to restart her life. She felt a sense of relief and gratitude, realizing that sometimes, what seems like an end can be a new beginning.

Niya joined the meditation group and, with a positive mindset, returned home. She began to rebuild her life, focusing on her studies, nurturing her relationships, and cultivating inner peace.

From that day forward, Niya's life transformed. She learned to appreciate the beauty around her, to prioritize her well-being, and to find strength in adversity. The hilltop experience had given her a second chance, and she was determined to make the most of it.

By Sana Fathima

OPTICAL ILLUSION: MY WIFE AND MY MOTHER-IN-LAW



Audio Version for Quick Listening



AUHD



PSYCHO-ONCOLOGY
IN BREAST CANCER



OCD



PROCRASTINATION

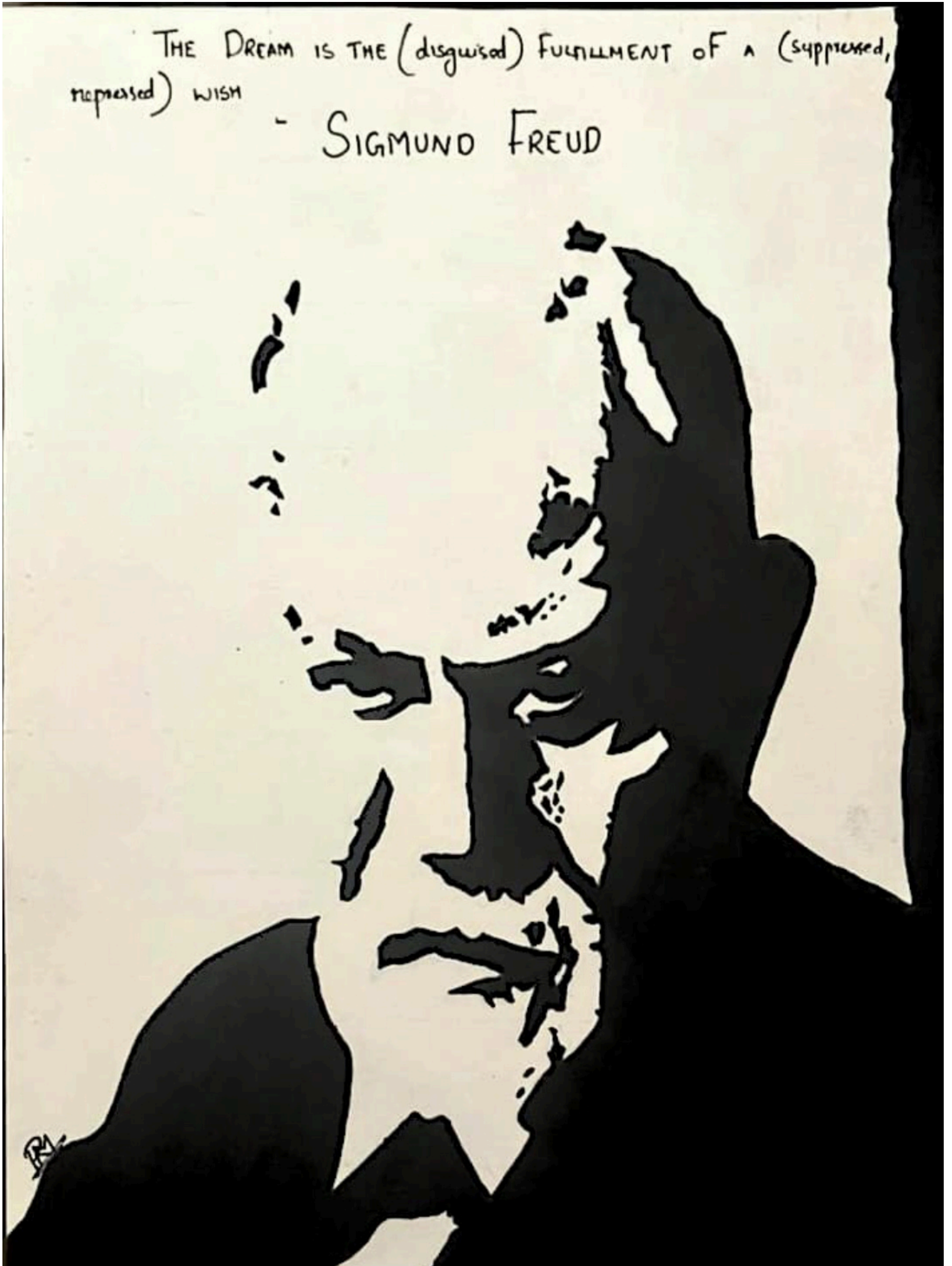


THE TURNAROUND
ON HILLTOP

What Am I? Answers

1. Anxiety
2. False memory
3. Depression
4. Paranoia
5. Amnesia
6. Hallucination
7. Phobia
8. Delusion
9. Attention Deficit Hyperactivity Disorder (ADHD)
10. PTSD

THE DREAM IS THE (disguised) FULFILLMENT OF A (suppressed,
repressed) WISH
- SIGMUND FREUD



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