

## **Pauline...My Story**

**Pauline, 56, Senior Engineer, experienced depression whilst living with traits of Asperger's Syndrome (AS)**

### **About me**

I am a civil engineering graduate with a career that spans 4 industries, 2 continents, and a range of employers from the small operator to the multi-nationals who has integrated into teams of all sizes up to the mega-projects of our time.

Since earliest childhood I knew that either I was an alien or that I lived in a world of aliens. I didn't know why. All I knew is the other children, including my sister, used to run away and exclude me from their games, and the adults wouldn't allow me to be present during their conversations, even though I thought myself intellectually not only capable but equal. Even when I was included, for instance in the Brownies, I didn't understand why the others enjoyed "silly games" in favour of learning practical and useful things.

I did find great solace in the TV series "Manwatching" by Desmond Morris in my pre-teens. I watched it avidly as it unlocked some of, what I considered, the "secrets" of what the others were doing, trying to do and perhaps even why they were doing it. Thereafter I maintained an interest in researching similarly-revealing topics as they hit the popular media, such as Body Language.

From the same beginnings I went to bed each evening with the dearest wish that I wouldn't wake up to be subjected to the same world again. Every morning was a severe disappointment that I did wake up. This is not to say I felt I would carry out my suicidal thoughts, although I often considered how I would achieve it as an intellectual exercise in determining the easiest, most-accessible way to do it without risking anyone else's health or wellbeing.

At school I made close friends but it wasn't particularly easy for me to do so, particularly in my teenage years. It didn't help that my family moved out of the school catchment area but, sensibly, retained my school place for the duration of my secondary school education. The distance between home and school meant I missed out on a lot of the learning experiences of the teenage years.

In my family environment I always felt that I was the "black sheep" and, growing up, adult family members and friends frequently voiced descriptions of me in what I knew to be socially-negative terms, albeit factually correct.

Following graduation, my work experience was in many ways negative generally due to my gender. However there was a consistent pattern set from year 1 where my end-of-year appraisal documented 100% achievement of work goals, achievement and team-working, but marked down because there had been complaints (not shared with me in real time) that were usually presented as "aggressive", "overpowering". This always came as a shock to me and reinforced my daily desire not to live.



## **Support and Managing my mental health**

My low moods and unhappy thoughts came and went but became ever deeper over time. In 2000, during one of many periods of unemployment, I became aware that I was in need of help and, having taken an online questionnaire, arrived at my GP's surgery without appointment, crying my eyes out and asking to see someone. The GP agreed I was clinically depressed and prescribed Seroxat. It took about 8 days to "kick in" and when it did it was literally like a switch being flipped, or a dam bursting. All-at-once I had a totally different outlook, which is far more positive and, more astonishingly, open to being positive.

The diagnosis and medication were life-changing and I have since changed to Venlafaxine, which allows me to have the potential to "kick up" levels of optimism. Medically-supervised experimentation of weaning me off the medication eventually produced a relapse. So the conclusion is that I will be taking medication for the rest of my life or returning to my previous state of existence.

As well as medication my attentive GP recommended Cognitive Behaviour Therapy (CBT). After about eight, hourly sessions, a new friend, who is herself a noted psychotherapist and has a son with Asperger's Syndrome, suggested that I should look into the possibility that I am also an "Aspie".

One online Autistic Society questionnaire later I had indications that I was "on the Autistic Spectrum". I presented this to my CBT counsellor (who was uneducated and unaware of Asperger's Syndrome) and she agreed that the medical description of A.S. neatly fitted the issues/aspects that we had been discussing. A second epiphany overcame me there and then, as is so often described by those who find there is a name they can apply to what has affected them for so long. Whilst the joyous feelings of no longer being alone in my experiences rushed over me, I also heard the voices that had over the years told me to "change my behaviour" and "be nicer", being drowned out. The counsellor's concluded there was no need to continue behavioural therapy because "we have found the answer". It was strongly suggested that my depression was linked to the exclusion that I had always felt at being different, being Aspie! I was forty-five years old.

I then sought a medical diagnosis and it was agreed that although extremely difficult to diagnose the syndrome in adults, I do have traits of A.S. Since then, my researches have confirmed that I am one of a population who are generally of a high I.Q., highly numerate, mainly male people whose uniquely special and specific skills are often highly valued and well received, although there is a wide variety of presentation of the syndrome, differing in various ways, to various degrees.

I've been very open with everyone at home and at work to explain that there is a high potential that what I say/don't say, do/don't do, and how it is I do or don't do it, may be perceived by them as offensive or negative. But that is not an outcome that I intend to be taken. Instead they should focus on what I say and know that is what I mean, regardless of tone of voice, volume of voice, body language or lack of social niceties. I ask them to ditch their own preference against "being rude" and to act to tell me, there and then, of their feelings.



This has generally worked well and the number of complaints transmitted to my line manager and from my friends has plummeted.

I always got on reasonably-to-very well with those that I deal with frequently on a one-to-one basis. It was those who knew me remotely and/or interacted with me infrequently or in an open forum situation that are prone to formalise complaints without speaking to me individually first.

On training courses or at team away-days I always find the lead trainer and advise them of my condition. I explain that my difficulty with crowds may motivate me to retire from participation in role play / game play / loud noises / being in a large crowd for some time. This has always been met with sympathy and understanding – maybe because diagnosis of children with A.S. is so prevalent these days.

### **Where I am now**

Now, right now, things are a bit shaky. The end-of-year appraisal pattern has recurred in that I am currently appealing against a “Partially Achieved” score for my “confrontational behaviours”. In the course of my appeal HR Direct are directing the investigator to send me to occupational health advisors to have them determine what type of reasonable adjustments should be implemented. Such a course of action highlights the weakness in the understanding of what A.S. is, as well as how individual it is to those that are diagnosed with it. The medical assessment route also neglects any assessment of whether my A.S. is something which *requires* reasonable adjustments for me to continue to undertake my work satisfactorily to high standards, on time, to budget and to, or beyond, expectations, which I have always achieved and has always been documented.

The only difficulty I experience arises when being formally or informally judged by those people that do not interact with me frequently. Instead of suspending their judgement in favour of understanding my perspectives, those managers are now grasping at the recently-published Diversity and Inclusion Management Guides to try to find and force-fit “an answer” to magically make *me* change, which is in defiance of the fact that that is never going to happen, any more than my eye colour will.

Luckily I have great support from the Diversity and Inclusion staff, in addition to those around me who do not make judgements on what, for many years, they have just perceived to be a good and collegiate working relationship. Most say that they’ve never noticed anything to be judged in the years prior to my “coming out”. Indeed some point out that if I was male then I might be perceived positively as determined to invoke high standards of myself and those around me and positively driven to do so.

