

Working Title: Mapping the Unique Mind — A Pre-Diagnostic Insight Tool for Cognitive Outliers

Abstract

This paper outlines the conceptual framework and guiding philosophy behind a cognitive self-assessment designed to help individuals recognize and understand the architecture of their minds—particularly those with traits commonly associated with ADHD and other processing differences—before a clinical diagnosis becomes necessary or available.

The tool avoids stigmatizing labels, prioritizes accessibility, and adapts to attention variance while offering useful insights, guidance, and optional follow-ups. The project aims to fill a critical gap in early self-recognition, empowerment, and functional self-mapping for those with non-normative cognitive patterns.

Problem Statement

Many individuals navigate life with highly unique cognitive structures—often marked by creativity, urgency of thought, emotional sensitivity, context-switching difficulty, and unconventional problem-solving—without ever realizing these traits form a consistent, mappable pattern. These traits may go unrecognized or mischaracterized until a trauma, illness (e.g., COVID), or environmental stressor causes compensatory strategies to fail, resulting in burnout, misdiagnosis, or functional collapse.

Current diagnostic models like the DSM-5 only capture dysfunction after the fact. There is a need for a non-pathologizing, user-directed assessment tool that identifies key cognitive and emotional processing traits while supporting autonomy and interpretive neutrality.

Project Goals

To help individuals identify their core processing patterns before reaching a clinical threshold of dysfunction. To validate unique cognitive experiences without applying reductive or stigmatizing labels. To design a tool that is accessible, emotionally safe, and intuitive for people with short attention spans, neurofatigue, or distrust of formal diagnostics. To provide immediate insight with optional scaffolding for deeper exploration, resource seeking, or clinical follow-up.

Core Design Principles

1. Insight Before Label

The tool offers a mirror, not a verdict. Results are descriptive, pattern-oriented, and user-controlled. Individuals may opt into labels or support resources after seeing their data.

2. Nonlinear Completion

Users may complete the test in short bursts or abandon it at any point and still receive a valid reflection based on what they did complete. The tool respects attention variance and offers insight at all levels of engagement.

3. Signal Over Volume

Key indicator questions are front-loaded to maximize signal strength early. Additional layers allow for nuance but are not required to provide meaningful insight.

4. Language of Empowerment

Terms like “neurodivergent” are intentionally avoided unless selected by the user. Traits are framed as cognitive differences rather than deficits.

5. Familiarity-Forward UI/UX

The interaction model draws from common test-taking structures (e.g., 1–5 scales), presented in plain language without clinical jargon or excessive preamble.

Preliminary Domain Areas

Domains are not explicitly introduced to the user but inform question design.

Examples include:

- Thought Urgency & Expression Timing
- Cognitive Momentum & Context Switching
- Emotional Absorption & Mirroring
- Resistance to Arbitrary Rules / Pattern Preference
- Internal vs External Feedback Loops Task Scaling,
- Time Perception
- Planning Burnout
- Creative Flooding and Idea Saturation

Each domain includes primary “signal” questions and optional extended reflection items

Diagnosis

Therapists or coaches offering early-stage self-mapping to clients. Educators supporting atypical learners in understanding how they process. Health professionals researching non-linear insight tools for attention-variant populations.

Future Features (Modular & Optional)

Printable result summaries for professionals or family use. Dynamic keyword generation to support self-research (“terms to Google”). Resource suggestions based on user patterns (e.g., YouTube content, ADHD-adjacent tools). Potential mobile or offline versions for broader access.

Conclusion

This assessment is not designed to replace diagnosis, nor to label those who use it—it is designed to intervene before collapse, to give language where there has been silence, and to offer a roadmap for those who have never seen their brain described without shame. By reflecting core traits of non-normative thinkers through a humane, modular, and adaptive test, this tool seeks to restore agency, accelerate self-understanding, and reduce the harm caused by late or missed recognition.

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