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**Frustration as a Diagnostic Key: A
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Clinical Practice**

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Frustration as a Diagnostic Key: A Conceptual Matrix to Distinguish Emotional and Neurodivergent Origins in Clinical Practice

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Abstract

This article proposes a screening tool based on the analysis of frustration as an integrative expression of emotional and neurofunctional dimensions. The matrix considers four main axes: early emotional experiences (wounded inner child), ADHD (executive and emotional dysregulation), giftedness (psychic intensity and internal demand), and autism spectrum traits (sensory structure and relational rigidity). The instrument uses common frustration scenarios with mapped responses for each profile, evaluated on a scale from 0 to 3. The tool enables the identification of the predominant origin of frustration and contributes to clinical listening, self-awareness, and therapeutic planning. The pilot application was conducted with an adult participant whose responses indicated a pattern compatible with traits of ADHD, giftedness, and significant emotional experiences in childhood. This is a qualitative and exploratory study, aimed at future empirical validation. The matrix is presented as a complementary contribution to clinical practice in therapeutic and educational contexts.

Keywords

frustration, ADHD, giftedness, autism, emotional profiles, neurodivergence.

Introduction

Frustration is one of the most common emotional expressions observed in clinical settings, often interpreted as a secondary symptom or a transient emotional response. Recent literature has reinforced the relevance of frustration as a transdiagnostic emotional signal, particularly in neurodevelopmental and trauma-related profiles. Dimensional models of psychopathology have highlighted how affective responses such as frustration may reflect underlying regulatory patterns rather than isolated symptoms (Insel et al. 2010, Kotov et al. 2017). More recent approaches in neurodiversity studies

emphasize frustration as a key indicator of misalignment between internal cognitive-emotional organization and external demands, especially in ADHD, autism spectrum conditions, and gifted populations (Sonuga-Barke 2018). However, its recurrence and intensity may provide important clues about the individual's underlying psychological structure. In psychological and psychiatric practice, frustration is frequently confused with personality traits, emotional instability, or isolated dysregulation, without an investigation of its structural origin. This article proposes that the way a person experiences frustration may reflect specific internal patterns, emotional, cognitive, and sensory, linked to distinct neurofunctional profiles.

Based on this hypothesis, an exploratory diagnostic matrix was developed to identify the predominant origin of frustration, considering four key profiles: early emotional experiences (often associated with the 'wounded inner child'), attention-deficit/hyperactivity disorder (ADHD), giftedness (high abilities with internal demand and mental overload), and autism spectrum traits (rigidity, heightened sensory processing, and relational decoding challenges). This proposal aligns with contemporary dimensional models of neurodivergence, where profiles are not mutually exclusive and may coexist in complex combinations (Webb et al. 2016, Armstrong 2010).

The aim of this study is to present the matrix structure, its rationale, and the results obtained in a pilot application with an adult participant. While the tool has not yet undergone statistical validation, it is introduced as a qualitative instrument intended for clinical listening, expanded screening, and directed self-awareness, especially in contexts of diagnostic confusion among ADHD, high abilities, mild autism spectrum, and unresolved emotional traits.

Frustration, when recurrent and misunderstood, becomes a clinical blind spot. Many professionals focus on symptoms, agitation, apathy, disorganization, without observing the underlying pattern of frustration. In neurodivergent individuals, frustration manifests in distinct ways depending on emotional origin: some become frustrated by control, others by injustice, rejection, or sensory overload. Understanding these layers is essential to distinguish traits that at first glance may appear under the same diagnosis, yet arise from very different roots.

Although frustration is a recurring emotional experience in various clinical conditions, it is rarely considered a central marker in traditional diagnostic systems such as the DSM-5 or ICD-11. It typically appears indirectly, as a consequence of other symptoms or as a peripheral aspect. However, in neurodivergent profiles, frustration is not merely a reaction, it is a turning point that reveals the origin of suffering. This theoretical invisibility may contribute to diagnostic errors and therapeutic approaches that treat symptoms without understanding their emotional roots. The matrix presented here seeks to fill this clinical gap by offering a transversal and integrative perspective.

Methodology

The matrix presented in this study was developed to identify the predominant emotional origin of frustration based on distinct neurofunctional profiles. Its construction was grounded in a theoretical review of frustration, neurodivergence, and differential diagnosis (Maté 2003, Armstrong 2010, Webb et al. 2016), combined with a longitudinal self-observation process by the author. The formulation process involved identifying situations commonly reported as emotional triggers by individuals with different neuropsychological patterns, such as not being recognized after effort, delays or failures, unreciprocated interactions, difficulty resting, and emotional overflow after intense frustration. These situations were selected for their potential to evoke profile-specific emotional and cognitive responses, in line with the principle of differential response to the same stimulus (Attwood 2007, Kaplan and Sadock 2015).

For each of the five situations, four typical reactions were formulated, corresponding to the following axes: early emotional experiences (wounded inner child), ADHD (emotional and executive dysregulation), giftedness (internal demand and cognitive overload), and autism spectrum traits (rigidity, sensory sensitivity, and relational decoding difficulties). The response phrases attributed to each axis were developed based on the author's integrative analysis of the literature and clinical patterns observed in practice. For instance, wounded inner child responses reflect emotional pain associated with rejection, abandonment, or the need for validation, aligned with trauma recovery frameworks (Van der Kolk 2015). ADHD phrases were derived from clinical descriptions of emotional impulsivity, cognitive disorganization, and urgency (Barkley 2015). Giftedness responses were inspired by Webb et al. 2016, incorporating themes of internal pressure, creative idealization, and disillusionment with superficiality. Autism-spectrum phrases were based on Attwood 2007 insights into sensory confusion, social logic breakdowns, and resistance to unpredictability. While the phrases were not directly quoted, they were carefully synthesized to represent the emotional tone and cognitive structure typical of each profile.

Origin of the Matrix Phrases:

Each of the 20 response statements was created through the synthesis of three converging sources:

1. longitudinal self-observation by the author over a period of three years, documenting emotional language used during moments of intense frustration;
2. theoretical descriptions found in key literature on trauma, ADHD, giftedness, and autism; and
3. recurrent phrasing noted during clinical and educational interactions with neurodivergent individuals.

The inclusion criteria for each phrase were symbolic clarity, emotional specificity, and coherence with a given neurofunctional origin. All statements were manually crafted, not extracted verbatim from any source, but designed to evoke intuitive identification and emotional resonance.

The instrument is qualitative and exploratory, not intended as a diagnostic tool, but as an aid in clinical listening and psychoeducational screening. It promotes symbolic self-perception by mirroring internal emotional configurations, especially in complex or overlapping cases where traditional diagnoses may be insufficient. The matrix aims to stimulate reflective awareness rather than produce definitive results.

A pilot application of the matrix was conducted with an adult female participant, 42 years old, with a personal history of academic adaptation difficulties since childhood, mental hyperactivity, high internal standards, and amplified emotional sensitivity. The participant had prior self-awareness of her cognitive and emotional traits, reporting identification with ADHD, giftedness, and intense emotional experiences since early life. The self-assessment was completed voluntarily in a calm and private setting, without external supervision. The participant was instructed to carefully evaluate and rate her subjective level of identification per situation using a 0-to-3 scale. The final scores were summed per axis, revealing a frustration pattern marked by high scores across three of the four emotional axes. Although this single-case application does not allow for generalization, it demonstrated internal coherence and exploratory clinical validity, supporting the continuation of the study with expanded sampling.

The matrix was subsequently applied to a second participant, a male adolescent, 18 years old, high school student, with a history of recurring frustration in educational settings, difficulty initiating tasks (Barkley 2015), mental hyperactivity, and internal pressure for performance. He reported feeling frequently misunderstood by teachers and peers, with oscillations between distractibility and deep introspection. The assessment was conducted in a quiet setting with prior explanation of the matrix and autonomy to respond. Scoring indicated a combined neurodivergent profile, with elevated scores in the ADHD and giftedness axes and moderate emotional responses. This result reflects the presence of overlapping traits and adaptation difficulties. The case supports the matrix's potential to identify mixed frustration profiles in adolescents with diffuse symptoms and unclear diagnoses. It also highlights the need for future research with larger samples and diagnostic triangulation, considering the limitations of self-assessment and subjectivity.

To guide interpretation, a simple scoring system was established. Each axis receives a total score from 0 to 15, based on the participant's degree of identification with each reaction (0 = not at all, 1 = a little, 2 = quite a bit, 3 = strongly). The scale is intentionally intuitive to encourage spontaneous insight. Scores between 0–4 indicate a weak or absent trait; 5–8 suggest mild to moderate presence; 9–12 indicate strong presence; and 13–15 identify a predominant trait. Multiple high scores suggest complex profiles such as ADHD with giftedness, or autism with early trauma, offering a symbolic visualization of layered emotional structures.

Table 1 presents the Frustration Origin Matrix, illustrating the five frustrating situations and the corresponding emotional responses across the four neurofunctional profiles.

Evaluation Matrix

Importantly, high scores in more than one axis are not treated as diagnostic overlaps but rather as indicators of emotional complexity. For example, an individual scoring highly in both the ADHD and giftedness axes may exhibit a combination of executive disorganization and intellectual idealization, which may result in cycles of creative productivity followed by frustration. Similarly, a profile combining wounded inner child and autism traits may suggest a pattern of emotional vulnerability intensified by sensory or relational dissonance.

While the instrument offers symbolic clarity, it relies on self-perception and verbal processing, which may limit its applicability in populations with reduced introspective access. Therefore, interpretation should always be integrated with contextual and clinical listening.

In order to ensure the emotional validity of the response statements, a content triangulation process was performed between theoretical constructs, clinical narratives, and introspective patterns. The author, who has a dual background in therapeutic practice and neurodivergence, systematically recorded lived experiences of frustration over a span of three years, categorizing them by cognitive tone, emotional intensity, and relational context. These personal logs were cross-referenced with case observations in clinical environments, where individuals with overlapping neurofunctional traits displayed similar language when narrating situations of emotional saturation. For example, phrases such as “I feel like I failed everyone” or “No one sees what I really meant” were recurrent across different settings and became foundational to crafting the matrix’s narrative components.

Additionally, preliminary feedback was collected from therapists and educators familiar with neurodivergent students or clients. While not formally structured as a validation study, these anecdotal inputs supported the ecological relevance of the matrix. Many professionals reported that the phrasing used in the instrument echoed what their patients often struggled to articulate in traditional assessments, suggesting the matrix may fill an expressive gap rather than simply reframe diagnostic criteria. This reinforces the view of frustration as a semiotic marker, a language of suffering that, when decoded, can offer clues about the emotional scaffolding behind surface behavior.

In both pilot cases, participants expressed that the self-assessment exercise was more than a questionnaire, it functioned as a mirror. They reported emotional resonance and a sense of “being seen,” which not only facilitated self-reflection but also brought relief. These reactions, while subjective, suggest the matrix has symbolic potency and potential as a therapeutic bridge. Rather than measuring dysfunction, it maps internal dynamics, enabling more refined communication between clinician and patient.

To further explore the symbolic utility of the tool, future versions may include optional open-ended responses, allowing individuals to write their own phrases for each situation. This could reveal idiographic nuances and increase personalization of therapeutic planning. The current version, however, already offers a rare convergence: a structured yet intuitive method for accessing emotional architecture through everyday frustration, an affective state often neglected in diagnostic protocols, yet richly revealing when examined through the right lens.

The decision to present only two pilot applications in this initial version of the matrix was based on the qualitative and exploratory nature of the study. At this stage, the objective was not statistical generalization, but conceptual demonstration and symbolic resonance. The two cases were purposefully chosen to reflect diverse age groups and overlapping emotional traits, providing a rich narrative context for evaluating the matrix's interpretive potential. Rather than expanding prematurely with limited depth, the intention was to preserve analytical rigor by focusing on detailed, multidimensional profiles. Further data collection with broader samples is already planned in the next phase of the study.

Discussion

The findings from the two pilot applications suggest that the matrix may be a valuable qualitative tool for identifying emotional profiles underlying frustration in individuals with complex or overlapping neuropsychological traits. The responses elicited were not merely indicative of diagnostic categories but revealed the subjective architecture of internal conflict. This reinforces the hypothesis that frustration can serve as a semiotic marker, expressing nuances that are often lost in categorical evaluations.

The adult case illustrated how high scores across multiple axes may reflect cumulative layers of unresolved early wounds, executive disorganization, and cognitive intensity, often misinterpreted in clinical contexts as mood instability or personality dysfunction. The adolescent case, on the other hand, showed how oscillations between giftedness and attention difficulties can generate internal incoherence, leading to cycles of performance anxiety and withdrawal. These results echo theoretical frameworks that treat neurodivergence as a multidimensional construct (Webb et al. 2016, Barkley 2015) and align with Dabrowski 1972 view of emotional tension as part of development rather than disorder.

Unlike traditional assessments that focus on dysfunction or symptom frequency, this matrix invites the participant to engage symbolically with their own frustration patterns. This reflective dimension may be particularly relevant in contexts where formal diagnosis is inaccessible, inconclusive, or culturally stigmatized. The matrix does not aim to replace diagnostic interviews but rather to enrich them, functioning as a qualitative mirror of lived emotional dynamics. As such, it supports the practice of clinical listening, not just to verbal content but to the structural tone of inner responses.

One notable observation is that both participants reported feeling “seen” by the matrix. This subjective resonance highlights the symbolic power of the instrument, especially for populations who often struggle to articulate internal contradictions. While this is not a substitute for psychometric validation, it points to an emotional validity grounded in therapeutic engagement and narrative identification.

High scores in more than one axis, particularly in ADHD and giftedness, or autism and early trauma, suggest the possibility of intersectional emotional profiles that are difficult to detect through standardized protocols. In such cases, frustration appears not as a secondary symptom, but as a primary lens into the relational and cognitive structure of the individual. These findings support the proposition that frustration is not merely reactive, it is revealing.

Importantly, the scoring system itself, while simple, proved effective in enabling participants to differentiate between reaction types. This supports the matrix’s intuitive architecture, which encourages self-awareness rather than diagnostic labeling. The system is also accessible: it requires no prior training, can be completed independently, and accommodates linguistic nuances. Therapists who reviewed the tool reported that its phrases echoed what many clients attempt, and often fail, to express in sessions, especially those with alexithymia or high internal complexity.

Preliminary feedback from clinicians and educators further supports the matrix’s ecological validity. Many noted that the phrasing gave shape to the invisible: emotional sequences that are frequently dismissed as overreaction, resistance, or lack of motivation. These insights suggest the matrix could serve as a first layer of emotional mapping in psychoeducational settings, potentially guiding referrals or therapeutic direction.

Of course, this study has limitations. It is based on two pilot applications, relies on self-assessment, and has not undergone formal psychometric testing. However, the goal at this stage is not statistical generalization, but symbolic exploration. The value of the matrix lies in its ability to illuminate internal emotional experience. In this sense, it aligns with narrative-based approaches to mental health, where the meaning of emotion is as relevant as its intensity.

Future developments of the matrix may include the possibility of open-ended fields where participants can create their own phrases, offering idiographic depth. It may also benefit from integration with more structured assessments to triangulate findings. Nonetheless, even in its current form, the matrix offers something rare: a structured yet intuitive map of emotional reaction, built from the vocabulary of frustration, a state often neglected in diagnostic protocols, yet richly revealing when examined through the right lens. Further participant inclusion is planned in the next stage of the study to enhance empirical consistency and broaden the validation process.

Research and Practical Implications

The matrix offers promising avenues for clinical and educational adaptation. In therapeutic settings, it may serve as a structured entry point for exploring emotional roots without premature labeling. In schools, it can support professionals in understanding behavioral manifestations of frustration that often go unnoticed or are misinterpreted.

Moreover, its symbolic framework may complement other qualitative tools, encouraging practitioners to integrate emotional origin into psychoeducational strategies. The potential for use in early identification, particularly in contexts where access to diagnostic services is limited, suggests broader applicability.

Future research may explore digital versions of the matrix, adaptations for nonverbal individuals, and comparative studies across age groups and cultures.

Conclusion

We propose that frustration can serve as a subtle clinical marker. Rather than being seen only as a consequence of a disorder, frustration may reveal emotional origin and structure. The matrix introduced here does not aim to close diagnoses but to open layers of understanding. In increasingly complex clinical landscapes, tools like this support a refined, compassionate view. Future validation with larger samples will be essential to confirm its clinical value, but preliminary results already show promising directions. Frustration, when deeply listened to, reveals the emotional architecture behind behavior.

The originality of this proposal lies in how frustration is addressed: not as an isolated symptom, but as a subtle clinical marker capable of revealing the deep emotional landscape of each individual. When properly interpreted, frustration ceases to be a diffuse obstacle and becomes an entry point for more effective and tailored interventions (Armstrong 2010), grounded in the true origin of distress. This enables therapeutic support that is more aligned with the internal reality of the person, avoiding generalized approaches that may amplify suffering instead of addressing it.

Although promising, the tool requires validation through future studies with larger samples, comparisons with formal diagnostic instruments, and applications by diverse professionals. Nonetheless, its internal coherence, practical applicability, and ability to differentiate emotional patterns already indicate its potential as a complementary instrument for screening, reflection, and therapeutic guidance.

Conflicts of interest

The authors have declared that no competing interests exist.

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Table 1.
Frustration Origin Matrix.

Frustrating Situation	Wounded Inner Child	ADHD	Giftedness	Autism
Not being recognized after effort	I feel emotionally hurt, like I'm not valued.	I get irritated. I feel I went over my limit.	People don't understand the depth of what I created.	I expected a response that never came, and that makes no sense.
When something fails or is delayed	I think I failed. I feel like I disappointed someone.	I panic. My mind can't wait.	Everything feels shallow. Nothing is as I idealized.	The change of plans disorganizes me. I lose internal control.
When others don't respond as expected	I feel I'm not enough to be loved.	I get confused. I don't understand what happened.	I created something inside me that didn't happen outside.	Social interactions feel illogical. I feel out of place.
Trying to rest but can't	Stopping makes me feel guilty. I feel I'm doing something wrong.	Even when exhausted, my mind won't stop.	Resting feels like wasting time I could use to create something amazing.	Breaking the routine or focus gives me physical anxiety.
After intense frustration	I feel guilt, sadness, the urge to disappear.	Anger, overload, emotional collapse.	Loneliness, disillusionment with the world, cynicism.	Internal crisis, shutdown, repetitive gestures or isolation.