Brief Review

# Neurodiversity – Affirming Psychotherapy – Challenges and Guidelines

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## ABSTRACT

Neurodiversity-affirming therapy is a relatively new concept. Neurodivergent individuals face unique challenges in their psychotherapeutic journey, as many mental health professionals do not seem to be neurodiversity-informed. Difficulties such as sensory non-friendly environments, misdiagnosis, biases on the part of therapists, as well as personal challenges like masking, appear to hinder the therapeutic process. This brief review aims to shed light on these difficulties and to suggest practices that can make therapy more neurodiversity-affirming. Future research is needed, along with the inclusion of the voices of neurodivergent individuals, both as professionals and as clients.

**KEY WORDS:** Neurodiversity-Affirming, Mental Health, Therapy

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## Introduction

Neurodivergent individuals often feel—and indeed are—socially excluded (1). This feeling follows them into their therapy, where, as research suggests, they often feel that their therapists cannot empathize with them (2). On the other hand, many mental health professionals do not possess the knowledge needed to support neurodivergent individuals. In fact, they often choose to use therapeutic approaches that may have a negative impact on neurodivergent individuals (3, 4), which may lead to discomfort, masking, or even increased mental health challenges.

In contrast to traditional approaches, the neurodiversity-affirming approach supports the view that neurodivergent individuals do not need to "be fixed." What they need is acceptance, empowerment, and to be involved in a therapeutic process that respects their needs and experiences (5). In orde r to achieve this, mental health professionals need to reconsider which methods and techniques they use. Furthermore, they need to enhance their understanding of neurodiversity and create a safe therapeutic environment tailored to each person's unique needs and strengths. A neurodiversity-affirming approach ensures the adaptation of the therapeutic setting, the use of appropriate language, and the encouragement of authentic self-expression, so as to build a therapeutic rapport based on trust and mutual understanding.

This brief review aims to examine the challenges faced by neurodivergent individuals that professionals should consider for a neurodiversity-affirming therapeutic approach. Furthermore, it aims to give practical guidelines for professionals to create a neurodiversity-affirming therapeutic space.

## Neurodiversity

The neurodiversity movement brings into focus the human and not the diagnosis. Autism, ADHD, giftedness, and any other form of neurovariation are not considered as deficits, but rather as different types of human brain construction. The medical model is challenged, and instead of it, the social model is adopted, which supports that the difficulties different neurovariations may face are the result of the barriers society poses on individuals who think and operate in a different way. Thus, the need for societal change is shed under the limelight, rather than the adoption of neurodivergent individuals into societal norms. (6). Neurodiversity includes various neurodevelopmental variations such as autism, ADHD, dyslexia, dyspraxia, misophonia, Tourette's, some mental health conditions (e.g., bipolar disorder), or even neurodiversity resulting from an injury or illness (e.g., traumatic brain injury) (7).

A key goal of the neurodiversity movement is to raise society's awareness and push for adaptations in education and the workplace that recognize and support the strengths and needs of neurodivergent people. For example, ADHDers may perform better in fast-paced environments, while autistic individuals may excel in positions that require attention to detail and structured routines. Recognizing these strengths can lead to more productive, inclusive educational, therapeutic and professional environments (8).

Silberman (8) argues that most cases of neurodiversity (specifically autism) are not mainly due to rare, new mutations but are linked to ancient genes that are widespread in the general population and more concentrated in certain families. This suggests that autism is not a current phenomenon but a legacy from our evolutionary past. Thus, neurodiversity should be viewed as a valuable part of our genetic heritage.

## Neurodiversity-Affirming Therapy

The term neurodiversity-affirming therapy does not refer to a new therapeutic approach, but rather to a philosophy that any therapist working with neurodivergent individuals can incorporate into their practice. Being neurodiversity-affirming means recognizing that each neurotype, even those that differ vastly from what is considered the norm, is equally important. This means that therapists evaluate each client's abilities as well as the difficulties they might face. It also includes accepting the fact that there are differences between neurotypical and neurodivergent individuals in their behavior, communication profiles, and ways of learning (9).

Professionals working with the neurodivergent population who wish to incorporate a neurodiversity-affirming philosophy into their approach should bear in mind the unique characteristics of neurodivergent individuals — both their challenges and their strengths.

## Challenges

Neurodivergent people face various challenges that may complicate the therapeutic process, which therapists need to consider if they want to create a safe environment where neurodivergent clients can express themselves and work on their therapeutic goals.

## Masking

Masking refers to the conscious or unconscious hiding of neurodivergent traits to fit into a neurotypical world. For example, an autistic person might try to maintain eye contact during a conversation even if it is extremely difficult for them because they've learned that this is socially acceptable. Traumatic experiences can lead to masking, which in turn can cause burnout and further trauma, creating a vicious cycle. Neurodivergent individuals have reported that masking makes them feel disconnected from their true selves and negatively affects

them (10). Furthermore, it can lead to delayed autism diagnosis, which, in turn, may lead to not receiving proper care (11).
Masking, which can often become unconscious, might prevent neurodivergent individuals from being their authentic selves during therapy, slowing down or even undermining the therapeutic process.

### Misdiagnosis or Lack of Diagnosis

Neurodivergent people are more likely to experience mental health issues. For example, autistic individuals are four times more likely to face depression than general population (12). However, mental health professionals often overlook one or the other (2). This means that an autistic person with depression might have their depressive symptoms recognized, but their autistic burnout misunderstood or missed entirely. In a similar vein, autistic burnout may be mistaken for depression, anxiety, or bipolar disorder (13), or developmental trauma might be mistaken for ADHD (14). Additionally, there is a possibility that neurodivergent individuals may never receive a diagnosis. For instance, autistic girls/women often remain undiagnosed or are diagnosed later in life because they learn to adapt to social expectations (15). As a result, they often do not receive the care and support they might need.

### Double minority

Neurodivergent individuals are more likely to be part of the LGBTQ+ community. In a large anonymous online survey conducted with 2,386 participants, of whom 1,183 were autistic, significant differences were found in the sexual orientation of autistic versus non-autistic individuals (Specifically, autistic men (cisgender and transgender) were more likely to identify as bisexual compared to their non-autistic peers. Similarly, autistic females were more likely to identify as homosexual compared to non-autistic females. Finally, autistic individuals were more likely to identify as asexual than non-autistic individuals (16). Likewise, gifted individuals are more likely to identify as LGBTQ+ compared to the general population (17), and it is estimated that up to 75% of people with gender dysphoria may also be ADHDers (18).
Neurodivergent individuals have also higher risk to be of immigrant background. More specifically, research has shown that the prevalence of autism is higher on immigrant populations, especially from developing countries (19). So neurodivergent immigrants face not only the challenges of neurodiversity but also of immigration such as discrimination, limited access to governmental and educational resources, cultural loss, acculturation difficulties, family burdens, and socioeconomic struggles (20 Furthermore, their dual identity may cause them face unique challenges or enhance already existing challenges, such as stigma (21). Neurodivergent individuals are thus more likely to belong to a double minority, something that must be considered in the therapeutic process.

### Professional Bias

Research has shown that mental health professionals often hold specific biases against autistic individuals. These biases may include beliefs such as that autistic people lack high intelligence or are incapable of defining their own identity. Moreover, there is often a perception that autistic people are primarily male or that they do not have friends or romantic relationships. In some cases, therapists have expressed stigmatizing views, such as that an autistic person should not seek to have children (2).

### Guidelines for Neurodivergent Affirming Therapists

Therapists who work with neurodivergent individuals should always bear in mind the unique challenges this population faces. Furthermore, they should create a friendly and safe space, where neurodivergent individuals can express themselves without barriers. To achieve this, therapists must consider multiple factors that will offer neurodivergent clients the support and comfort they need.

### Sensory-Friendly Environment

Since many neurodivergent people face sensory challenges (22), creating a sensory-friendly space is essential. This can be achieved through various tools such as small tents, heavy curtains, soft pillows, weighted blankets, noise-cancelling headphones, as well as materials like sand, rice, and fidgets. These tools meet the sensory needs of neurodivergent individuals, creating a more comfortable and supportive therapeutic environment.

### Neurodiversity-Friendly Language

Language choice is important for therapists working with neurodivergent individuals. The language should be friendly to the neurodivergent community. For example, in a study by Chris Bonello (23) with 11,212 participants (7,491 autistic), the majority preferred to be referred to as “autistic person” (identity-first language) rather than “person with autism” (person-first language). Moreover, those who identified as autistic were more likely to feel positive about themselves compared to those who saw themselves as “people with autism. Similarly, the term VAST (Variable Attention Stimulus Trait) has been proposed by Hallowell and Ratey (24) as a positive neurodiversity-affirming term for ADHD. Thus, it is preferable to use terms widely accepted by the

neurodivergent community, unless the person in therapy prefers other words/phrases.

### Various Means of Expression

Neurodivergent individuals often struggle to express concerns and feelings verbally. A safe therapeutic space should offer different non-verbal means of expression. As autistic artist Patrick Samuel said in an interview with autism.org.uk: "I know what colour or shape I'm feeling, but I often struggle to express myself with words." Similarly, ADHDers may also have difficulties in understanding their own emotions (25), which may be linked to their challenges in expressing emotions through conventional means. Symbolic tools such as clay, toys, colors, or even the option for the client to write instead of speak can help neurodivergent individuals feel safe and express themselves. The choice of medium clearly depends on each person's unique interests and preferences and is not the same for all clients. Through the use of alternative, symbolic means, masking—which may occur even unconsciously—can be overcome, allowing neurodivergent individuals to explore their identity without the constraints of the neurotypical world.

### Stability – Support in Transitions

Neurodivergent individuals often seek stability and routine, but they also frequently face challenges with time management, transitions between activities, unexpected changes, and starting or finishing tasks (26-27). It is therefore important for the time and space of therapy to remain stable. In cases where changes are necessary, it is essential to inform the client in advance of the appointment. Additionally, practices such as notifying the client 10 minutes before the end of the session can be helpful for neurodivergent individuals. Moreover, if books, toys, or other materials are used in therapy, it is important that these remain consistently available in the space and that their availability is ensured from session to session.

### Therapists' Attitudes

The attitude of therapists and how they interpret various behaviors of their clients plays a very important role in a neurodiversity-affirming approach. For example, someone who frequently arrives late to therapy might be viewed as resistant to the therapeutic process (28). However, when it comes to a neurodivergent individual, such as ADHDers, tardiness may clearly stem from difficulties with time management, something commonly observed in ADHDers (29). Likewise, special interests of neurodivergent individuals are often interpreted as obsessions, with therapists frequently trying to reduce these interests. However, as already mentioned, the routines and special interests of neurodivergent individuals not only do not hinder their psychosocial development, but when the right conditions are nurtured, they can actually be an advantage (8). It is also very important that therapists avoid rigidly focusing on diagnoses or medicalizing them, and instead believe in the inherent abilities of their neurodivergent clients. This means, among other things, questioning the traditional limitations imposed by IQ tests and avoiding underestimating the client's capabilities (30). On the contrary, professionals working with neurodivergent individuals could actively seek out the perspectives of neurodivergent people—whether professionals, researchers, or clients themselves—on what they want from therapy, in order to form a more comprehensive understanding and tailor their approach accordingly.

### Conclusions

Neurodiversity-affirming therapy is still a relatively new concept and many mental health professionals are not familiar with this term or what it stands for. Currently, there are few trainings/specializations or university courses that prepare professionals (whether neurodivergent or neurotypical) working with neurodivergent individuals to address their unique needs or their strengths. Neurodivergent individuals often experience prejudice, misdiagnoses, or even invalidation of their experiences by professionals who frequently adhere to a traditional, medical model that pathologizes neurodiversity. As a result, their therapeutic experience may be unpleasant and lead to broader psychological and emotional distress. It should be highlighted that it is important of developing training programs for professionals that are genuinely neurodivergent-affirming. To achieve this, it is essential that neurodivergent people themselves are involved in both the design and the implementation of these programs. In this way, it is ensured that psychotherapy adopts a truly neurodivergent-affirming approach—one that respects and empowers neurodiversity, rather than treating it as something that needs to be "fixed."

### Disclaimer:

**1.** In this brief review identity-first language was used, as the majority of neurodivergent individuals seem to prefer this. If a neurodivergent person prefers the person-first language, therapists should respect their wish.

**2.** AI was used to improve grammar and syntax in the text.

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