



Caroline Miller

WHAT IS NEURODIVERSITY?

Neurodiversity is a term that seems to be everywhere these days. And increasingly, kids and young adults are using it to describe themselves. But what does it mean to be neurodiverse, and where does the term come from?

In short, it means that there are many differences in the way people’s brains work. There’s no “correct” or “incorrect” way. Instead, there is a wide range of ways that people perceive and respond to the world, and these differences should be embraced.

The term neurodiversity was coined in the 1990s to fight stigma and promote acceptance of people with autism. But it also includes other conditions that involve neurological differences, such as *ADHD* and learning disorders like *dyslexia* and *dyscalculia*.

The neurodiversity movement

The neurodiversity movement was launched by [Judy Singer](#), an Australian sociologist who is herself on the autism spectrum. Singer saw neurodiversity as a social justice movement, to promote equality of what she called “neurological minorities” — people whose brains work in atypical ways. As she defined them, those minorities included people with autism as well as *ADHD* and learning differences. Singer felt that these differences should not be viewed as deficits, but rather as normal and potentially valuable variations on the way brains work.

A main goal of the neurodiversity movement is to shine a light on the benefits of this diversity. For example, the creativity that so often goes with learning differences like *ADHD* and *dyslexia*, or the hyperfocus and novel perspectives associated with autism.

“Everybody has strengths and everybody has things that they’re working on,” notes Stephanie Lee, PsyD, Director of the *ADHD* and Behavior Disorders Center at the Child Mind Institute. “Instead of thinking of people with autism or *ADHD* as needing to be ‘fixed,’ we put a spotlight on things that they’re good at and help with things that they’re working on.”

In this approach, focusing on strengths becomes an important part of treatment. “Being a strength-based therapist means that I look at the strengths of the family, and of the individual,” said Dr. Lee. “And then I think, ‘How can I take this unique individual’s strengths and use them to breathe life into an evidence-based treatment?’ ”

Dr. Lee observes that this treatment approach also emphasizes helping kids work towards their own goals, rather than deciding the goals of treatment for individuals without including them. “If there are symptoms that are making it hard for an individual to reach their goals, that are getting in their way, that’s what we want to work on.”

Proponents of neurodiversity also argue that some of the impairment that affects kids with autism, ADHD and LDs is caused by problems in the environment they’re in. For example a rigid school schedule or a loud, bright workplace can make it impossible for them to function well. They are also undermined by the social exclusion that can stem from misunderstanding by neurotypical people. That’s why another focus of the movement is to encourage changes in environments — everything from workplaces to classrooms to kids’ birthday parties — to make them more welcoming and open to those who think, process and learn differently.

Neurodiversity as identity

Neurodiversity has also evolved from a focus on individuals with a formal *diagnosis* of autism, ADHD or *learning disorder* to include a broader group of people, many of whom self-identify as neurodiverse. Cynthia Martin, PsyD, the Clinical Director of the Autism Center at the Child Mind Institute, describes this shift.

“The term used to be used to describe people who either had a clinical diagnosis or were borderline, with symptoms that are near the clinical threshold for a diagnosis,” she explains. “More recently, what I’ve seen is broadening to include anybody who identifies with it. People who feel that they think or process outside of the box.”

Neurodiversity, she says, has become something many people, especially adolescents, are increasingly comfortable identifying with. For kids around middle-school age who are struggling socially, identifying as neurodiverse can be a way to make sense of what they’re going through. The concept gives them a brain-based explanation for their difficulties — “Oh, I’m like this because my brain works differently.” It can also help create a sense of community with others who identify as neurodiverse.

Some children are now diagnosing themselves with conditions that fall under the umbrella of neurodiversity, seeing a potential diagnosis as a way to validate their experiences. “The result is that we’ve been seeing parents come in with their self-referred 11-to-13-year-old who wants to be evaluated for autism,” says Dr. Martin. These children may or may not end up with autism diagnoses, but an evaluation is often an important step toward helping them feel better and cope with challenges (more on this below).

Neurodiversity and behavior

Kids aren’t alone in finding comfort in the potentially broad applications of neurodiversity. Dr. Martin reports that parents, too, sometimes use the concept to describe children whose behaviors, especially their emotional extremes, don’t seem to have any other explanation.

When kids are very rigid, or react with outbursts or meltdowns that seem out of proportion to the circumstances, frustrated parents are left looking for an explanation. “We have parents who say, ‘Well, my child must be neurodivergent in the way they’re processing information because how could this response be anything else?’” she adds. That frequently leads them to seek an autism evaluation, though there are other factors that can lead to extremes in moods.

What to do if a child feels they are neurodivergent?

If a child comes to a parent to say they feel they are neurodivergent, the most supportive response is to be open and empathetic, without judgment, Dr. Martin says. Saying “I’m so happy that you’re talking to me about this” is always a good place to start. Getting an evaluation is an appropriate next step, though it’s helpful not to promise the child that the evaluation will automatically lead to the diagnosis they are seeking. The evaluation will be the start of providing a solution for the issues that are concerning them.

What the evaluation should yield is a pretty comprehensive look at what the child is struggling with. And it should identify whether those struggles reach the clinical threshold for a formal diagnosis — though it not might be the diagnosis they are expecting. “Sometimes through the evaluation there is another diagnosis that a child meets the criteria for,” she says. “There might be social anxiety or a mood disorder. There could be ADHD, there could be non-verbal learning disorder. These are all diagnoses that make it difficult for individuals to navigate social relationships, group environments, and often have co-occurring challenges with sensory processing. Sometimes kids don’t meet criteria for a diagnosis of anything.”

But not meeting the criteria for a disorder doesn’t mean the child’s struggles aren’t real, Dr. Martin adds. “I tell them, ‘That doesn’t minimize your experience, so let’s talk about what we can do to support you, or find other answers if necessary.’ ” The end result should be a plan that both parents and child can have confidence in.

Disorder vs. difference

Dr. Martin notes that while the movement to use the term “differences” rather than “disorders” has benefits, it’s still crucial to focus on actual diagnosis when children have serious symptoms.

“When kids have a disorder that is significant and will impact them on a daily basis, and will show up at school, will show up in their friendships, will show up in their home life, in their adaptive skills, you do need a diagnosis from a medical perspective,” she explains. The diagnosis is the basis for understanding the child’s condition, as well as for getting much-needed supports, therapies and school services.

But recognizing neurodiverse people as having differences, rather than deficits, is broadly useful in helping kids fulfill their potential and thrive. “Having the people who you are interacting with — our teachers, employers, friends and family — thinking more in terms of neurodiversity is much more inclusive, much less stigmatizing,” says Dr. Martin. “It just recognizes that there are going to be differences in how people go into an environment.”

Topic: [Autism](#), [ADHD & Attention](#), [Learning Disorders](#)

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