

## **'If humanity needs different kinds of minds, surely our profession does too!'**

'You're too much', 'You're too intrusive', 'We don't like the way you communicate', and my personal favourite, shouted at me from across the corridor in a residential service for autistic young people, of all places, 'Why are you so f'ing autistic?' This comment really should have been reported to my line manager, but back in 2013, still unaware of my own neurodivergence, it simply added to the pile of negative experiences in the workplace that contributed to the chipping away at my self-esteem. From my perspective, I had just been really enjoying my work, getting to know new people (I'm always curious about people!), and felt I was being efficient and well-organised.

Ten years on, I am now a qualified counselling psychologist and a lecturer on the Professional Doctorate in Counselling Psychology at City University of London, and I am White and British. Last year, after a journey too long and convoluted to recount here, I received a formal and life-changing diagnosis of Autism Spectrum and Attention Deficit Disorder (ADD). At roughly the same time as my autism assessment results came through, I was serendipitously handed the exciting task of developing and delivering a new module for our second-year trainees, *Neuropsychology, Neurodiversity & Psychometrics*.

### Bringing disability and neurodiversity onto the curriculum

Six months and innumerable hours of deliciously hyper-focused reading later, the module was live. Comprising of ten, weekly three-hour lectures, the module aims to introduce working therapeutically with neuropsychological presentations and neurodiverse clients, developing clinical skills in assessment, formulation and treatment planning. In keeping with counselling psychology values, the module aims to take a highly reflexive and critical approach, balancing dominant medical discourse with alternative paradigms, such as the social model of disability, the neurodiversity paradigm and Black disability politics. The module provides insight into service user perspectives and the lived experience of each of the topics covered across the term. Additionally, trainees are invited to reflect on their own experiences, assumptions and biases; their developing identity as a trainee counselling psychologist; and the influence of their own neurotype within this.

### Racism *and* ableism; race *and* disability

What I hadn't fully appreciated coming into all this, was the significance of this work in terms of our broader mission to decolonise psychology. Thanks to a forward-thinking elective in social anthropology during my undergraduate psychology degree at Manchester University, I was aware of the darker side of the history of neuropsychology: of the role this nascent discipline played in justifying White supremacy, colonial rule and, ultimately, genocide. If this literature isn't something you are already familiar with, I would point you towards Samuel George Morton's 1839 *Crania Americana*, which sought to classify the 'races of man' based on the appearance of the cranium and its divergence from that of the intellectually and aesthetically superior White man. Also, I was dimly aware of the misuse of

neuropsychology within the eugenics movement, brought into sharp focus by the recent expose on Hans Asperger and his involvement with the Nazi regime (BPS, 2020).

What I hadn't put together, until reading Sami Schalk's work, was the way in which popular discourse around race and disability were constructed at the same time in history, in the same way, and for exactly the same purpose. That purpose: to position the White, Christian, heterosexual, non-disabled, cis-gendered man as the 'norm' and everybody else; women, people of colour, gay people, trans people, disabled people, non-Christian religious groups, as deviant and 'other'. Disability rights attorney and campaigner T.L Lewis (2020)

defines *ableism* as 'a system that places value on people's bodies and minds based on societally constructed ideas of normalcy, intelligence, excellence and productivity... deeply rooted in anti-Blackness, eugenics, colonialism and capitalism'. Talila makes a compelling case that *there is no racism without ableism*. In a 2019 interview, Talila stated, 'You quite literally can't have one without the other... there's an unbroken chain between asylums, plantations, zoos, circuses, and prisons...' (Schalk, 2022). As a White person, I don't have to contend with racism as an additional layer of oppression that some of my colleagues and trainees do, so I can only imagine what this must feel like.

### Neurodiversity and the social model of disability

As a teaching colleague recently said to me, 'We attend to such a narrow understanding of human experience, there are so many different ways to be human'. The neurodiversity paradigm (Singer, 2016) sees a shift away from viewing neurodevelopmental conditions, such as autism, dyslexia, dyspraxia, ADHD, and Tourette's as 'disorders'. Inspired by the disability rights movement of the late 1990s, the neurodiversity paradigm subscribes to the social model of disability: the notion that people are not inherently disabled but the environment and the society around them is *disabling*.

Within the social model, the person might have an impairment, but society has a responsibility to make reasonable accommodations to *enable* full participation. Beyond this, drawing from the ecology movement, neurodiversity theory suggests that in the same way biodiversity is a marker of the health of an ecosystem, neurodiversity is critical to the health and success of human society. As the famous autistic author Temple Grandin (2010) says, 'The world needs different kinds of minds!'. Or, as I often say to clients and students, 'We might never have left the savanna had we all been sitting in a tree, swapping woolly mammoth recipes.'

### Diversity in psychology

If humanity needs different kinds of minds, surely our profession does too? As previously argued, neurodiversity is not just for those we work with ([The Psychologist, 2022](#)). Whilst undoubtedly, the dominant medical model focuses on deficit and disorder, as a community very many of us wish to celebrate the areas of strength and advantage common across the neurodivergent conditions. We are creative, insightful, and passionate about our interests;

we are determined and often have a fierce sense of justice; we see things that others don't, and we can bring fresh perspectives to old problems. So why is it then that so many people I work with feel they still need to hide their neurodivergence? With an estimated 15–20 per cent of us neurodivergent (Doyle, 2020), why aren't more of us 'out and proud'? Why aren't we more visible?

I believe the answer is sadly that for so many of us, unfortunately this still isn't safe. We are all too used to being misunderstood, judged or dismissed, with serious consequences for our mental health. I am pleased to say that I am now in a job where I have never felt more valued and supported, but sadly this has not always been the case.

### Reflective practice

Finally, an invitation to reflective practice. Don't fall into the trap of accepting old tropes and stereotypes! That 'difficult woman' in your administration team might be autistic; that 'lazy' young man in your department might have undiagnosed ADHD; that 'messy' honorary who just joined the team might be dyspraxic; and the colleague who sent you the email with all those spelling mistakes probably isn't trying to annoy you, maybe they are in fact dyslexic.

Try to hold these possibilities in mind and stay compassionate and curious. For every critical thought you notice arising, can you hold it lightly and try to remember all the extra work that might be going on 'behind the scenes', as your colleague desperately tries to fit in and keep up with all the things you seem to do so effortlessly, in comparison? We all want to live in a kinder, fairer world, and as a discipline we are well positioned to be that change we want to see.

### How to be a neuro-affirmative colleague

The following recommendations draw from a range of sources (Aitken & Fletcher-Watson, 2022; Turner & Andrew, 2018; BPS 2022), including conversations with clients, students, and colleagues, as well as my own lived-experiences.

- Consider using self-disclosure when relevant, model acceptance of weaknesses and recognition of neurodivergent strengths.
- Be aware that neurodivergent colleagues may require or seek out additional clarification of assignment details, deadlines, and expectations.
- If you work in education, be mindful that neurodivergent students may often have had quite negative experiences in educational settings and a sympathetic response goes a long way to reducing unnecessary anxiety and confusion.
- Be aware that ambiguity can be problematic for many neurodivergent people and particularly so for autistic people. Precision and further explanation is often helpful.
- Know that sensory processing issues are extremely common for neurodivergent people; light and noise sensitivity being two of the most common. Can you ask

before turning the office light on full? Can you take long phone calls somewhere more discrete? Can you avoid bringing strong-smelling food into the office with your neurodivergent colleague sitting next to you? Do you need to wear strong smelling perfume?

- Remember everyone is unique. Rather than making assumptions, invite colleagues to start a dialogue: What are their needs? How can you support them?
- Be mindful to take an intersectional approach. Different cultural backgrounds will hold different assumptions, beliefs and expectations about disability and neurodiversity, which colleagues may not necessarily communicate, but which can carry a lot of stigma and shame. Don't be afraid to ask questions and be guided by the individual.
- Educate yourself and seek out neurodiversity training.
- Consider contributing to the development of a neurodiversity in the workplace policy, if this does not already exist.
- If you are an employer, make assistive technology available, such as speech-to-text software or time management applications.
- Be mindful of language. It goes without saying to avoid pejorative language (e.g. 'suffers with' or 'disorder'). Try using autism spectrum *condition* rather than *disorder*.
- Be aware that different people relate differently to their diagnosis and may prefer 'person-first' or 'identity-first' (so I have dyslexia versus I am dyslexic) – if in doubt, ask.

#### Key sources

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