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Neurodiversity: How One Word Can Hold So Much Meaning

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Abstract

The term "neurodivergent" should be used over the phrase "mental disability" because it is a more accurate, much safer, and easily accessible term to use. There are many reasons why the language surrounding mental disabilities should be changed. The stigma of the word "disability" alone can be damaging enough to a disabled person. Furthermore, the phrase "mental disability" doesn't accurately describe what they are and instead implies an inability to mentally function. Both of these factors combined has led to openly mentally disabled people fear for their safety as their diagnosis can be used against them once it's public knowledge. The already used term "neurodivergent" helps remedy these problems with mental disability language. The term has yet to be associated with negative stigma due to it being a word created by disabled people and disability activists. The phrasing of the word implies more of a difference in brain function, which more accurately describes what a mental disability is. Finally, using the term can help set more protected boundaries than giving out specifics would.

Keywords

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Introduction

I was only 2 years old when I got my autism diagnosis. Back then it was called PDD-NOS, which meant I met the sensory requirements, but didn't meet the behavioral requirements for getting the full autism diagnosis. Since then the DSM-V was created and has gotten rid of all outlying autism diagnoses, such as ADHD and Asperger's, in favor of one all-encompassing diagnosis called Autism Spectrum Disorder (ASD). Not only was my diagnosis changed, but I had no idea I had this diagnosis until I was 17 years old.

The discovery of my diagnosis led me down an internet rabbit hole of YouTube videos and random articles from Google all about what it meant to have a mental disability and the vastness of diagnoses and symptoms one can have. Throughout my research, I kept encountering the term "neurodivergent" being used to refer to people with a mental disability. In education classes in college, I learned not only what it meant to have a mental/learning disability, how to teach others with one, and about the tragic and long history that created such a toxic stigma around mental disabilities.

However, I felt that fellow mentally disabled people on the internet had a different view than the stigma would lead you to believe. People would talk about the positives of being disabled and how it's not a crutch you have to live against. Rather, they would talk about disabilities as a difference someone lives *with*. So why would this be the case? Why would people like me have such a happy relationship with their disability? It's because this mindset stems from the use of the term, "neurodivergent."

Naturally, this led me to start using neurodivergent more and more. And by doing so, I became much more comfortable and confident in my diagnosis. I realized all the negatives of being mentally disabled weren't entirely true. I realized how damaging the previously used terms were to my psyche. And I learned how important it was to use the term when talking to other mentally disabled people. Therefore, I'm advocating that the term "neurodivergent" should be used over the phrase "mental disability" because it is a more accurate, much safer, and easily accessible term to use.

History and Stigma of Mental Disability

People in the studies of disabilities and special education know all about their negative past. During the medieval period and the rise of biblical religions in Europe, people with mental disabilities were viewed as possessed by demons. They would have exorcisms performed on them and often put to death if those didn't work, which they normally didn't. As technology advanced and psychiatric research grew, people learned more about disabilities and what they are. However, they still weren't able to get it right. Instead of possession, mental disabilities were seen as an illness and those who had one needed to be contained and treated. This started the rise of psychiatric hospitals that put the mentally disabled in prison-like health care facilities in order to "cure" their ailments.

This tragic history of mental disabilities is now expressed as the three models of disability. These models are harmful views that society has adopted as different ways of viewing disabilities. Dr. Whitney Rapp and Dr. Katrina Arndt discussed these models in their book,

Teaching Everyone: An Introduction to Inclusive Education. The models are the medical model, pity/charity model, and the social model. These models are best explained as microaggressions as most people tend to use them without even realizing it (Rapp & Arndt, 2012, p. 8).

First, the medical model is when people "perceive disabilities as abnormal and sick, as an illness that needs treatment by the medical profession" (Rapp & Arndt, 2012, p. 8). People who use the medical model believe that all disabilities can and should be cured by medicine or surgical procedures. It promotes the idea that having a disability is something people don't want and should try to get rid of it. It's obvious to see how damaging this can be to disabled people and can lead to mental health issues in the disabled community.

Second, the pity/charity model views disability as something people should feel sorry for. Dr. Rapp and Dr. Arndt describe how people under this model think that being nice to a disabled person is an act of charity and that supports should be given more as gifts (Rapp & Arndt, 2012, p. 9). This model is most commonly used as a way to deny certain people housing, transport, and education (Rapp & Arndt, 2012, p. 9). However, as Dr. Rapp and Dr. Arndt point out, these things aren't something that should be given because others feel sorry. Disabled people deserve housing and education because they are basic human needs that everyone deserves.

Lastly, the social model is less directed towards to disabled people and more so towards society as a whole. It describes the notion that society was just not built for disabled people, so naturally it will be harder for them to function in society (Rapp & Arndt, 2012, p. 10). Dr. Rapp and

Dr. Arndt view this model more positively, saying, "the social model identifies society as the problem and looks to fundamental political and cultural changes to generate solutions" (Rapp & Arndt, 2012, p. 10). However, this model also has negative connotations to it. Saying that society is the sole reason for the strife disabled people face sounds more like people not willing take ownership of their mistakes. With disabilities becoming more widely known, one would think that society would know how to better accommodate for disabled people. And yet, people refuse to educate themselves and instead continue to view disabilities as just another obstacle some people face. It's less society's blame and more the people who continue to subscribe to said society that are to blame.

Knowing all this history, it becomes clear that disabilities have not been discussed in the best lighting. However, we have the ability to change that. Language is a powerful tool, so by referring to a mental disability as something else, we can further separate the stigma from the discussion. When a word has so much stigma around it, it's hard for people to see past it. But referring to it as something that doesn't have all that stigma can make the digestion of this topic a lot easier. Luckily for us, the term "neurodivergent" has yet to have this stigma.

What Exactly Is Neurodivergent?

In order to know how or why people should use neurodivergent, we have to start with what neurodivergence means. Is it only autism spectrum disorder and similar diagnoses? Or is it more mental disabilities? Does it also include mental disorders?

In their article from 2021, "Neurodiversity studies: Mapping out possibilities of a new critical paradigm,"

Anna Stenning and Hanna Rosqvist discuss why past definitions of neurodivergent and terms akin to it aren't correct and what a correct definition looks like. They propose that "rather than assume that neurodiversity exists according to the existing clinical categories of autism and related conditions that are discovered by impartial observers, we leave open the possibility that what counts as significant difference between brains should be reconsidered" (Stenning & Rosqvist, 2021, p. 1533). In their view, neurodiversity is an ever-expanding term as more differences in the brain are discovered. By expressing neurodivergent as something infinite, we leave room for undiscovered diagnoses to fall under this category.

A big point the authors make follows the idea that neurodivergent is better expressed by "'problems that neurodivergent people have' rather than the 'problem we are'" (Stenning & Rosqvist, 2021, p. 1534), meaning that we should be defining in the reverse way disabilities are. Disabilities are typically seen as a "difference" from the able-body the majority of people have. However, we should instead see it the opposite way; that being neurodivergent is the "norm." The authors argue that "While this conception of neurodiversity originates in medical diagnostic procedures, its authority should not depend on clinical recognition or scientific engines of discovery and it allows for the possibility of self-diagnosis as equally valid" (Stenning & Rosqvist, 2021, p. 1534). When we let neurodivergent have an ever-expanding definition, we take into account those who may not have an official diagnosis, but still have traits of one. Much like ASD, we could view this term as a spectrum of different ways the brain functions against what society has deemed normal function.

This definition sounds a lot like what a mental disability is. It's when one's mental functions don't work exactly like how they are "supposed to" according to mass research. If we look at mental disabilities and neurodivergence this way, the terms tend to blend together. I also would like to add the term mental disorder. Many mental disorders, such as depression or anxiety, can be symptoms of mental disabilities. This is why I tend to group them together under neurodivergent. Thus, for the purpose of this paper, I'll define the term "neurodivergent" as an all-encompassing term for someone who has either a diagnosed or undiagnosed mental disability or mental disorder.

Do People Really Use It?

Language surrounding mental disabilities have always been evolving. Many people believe that the language of neurodiversity is the newest form of that evolution. However, this term is not as recent as you think. In fact, the first person to coin the term "Neurodivergent" was Judy Spring in the 1990s where she describes the term only in terms of autism. After I put the term into Ngram Viewer in Figure 1, we see that there was no literary occurrence of the term until the 2000s. When zooming in on the 2000s, we see a flat curve until 2014 when we see a sudden jump from 2014 to 2016 that has since been increasing dramatically. At the same time, we see autism seems to start plateauing in 2016. This could most likely be due to a steady increase in neurodivergence's use. It might not be replacing and eradicating the term autism, but it seemed to have stopped the term from growing in use.

Figure 1

Ngram Viewer
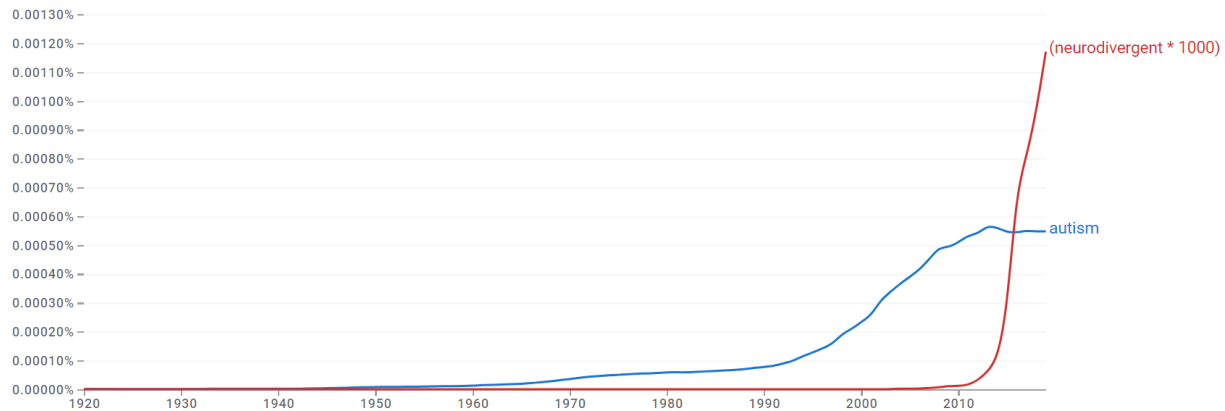
Neurodivergence & Accuracy

Neurodivergent is a more accurate phrase for two big reasons, one of which is the implications of disability. When you take the term in a literal sense, you would read "disability" as a "lack of ability." The "dis" prefix implies that whatever comes after it is the opposite. Saying "mental disability" can be interpreted as "lack of brain function" or "inability to function mentally."

This interpretation can be just as damaging as the previously mentioned stigma that the term already has, especially when this isn't always the case. Under many diagnoses, a mental disability doesn't cause a dysfunction in the brain, but rather a difference in function. Someone with a mental disability could still function a perfectly "normal" amount than someone without one. Obviously, this is not the case for everyone with a mental disability as some do cause impairments in certain motor functions. For example, there are cases of ASD where someone will never be able to learn how to speak and thus never gain the function for it.

However, this could be considered a difference in how they speak. Many people who don't speak because of their autism learn alternative ways to speak, such as text-to-speech programs on computers or sign language. It's not that they can't speak, but rather they speak differently than someone who doesn't have their disability. Another example might be someone with Cerebral Palsy who needs a wheelchair in order to move around. Instead of thinking that they can't walk, think of a wheelchair as just an alternative form of movement.

This is where the term "neurodivergent" does the job better than "mental disability." "Divergence" as a term implies there is a difference from something. The prefix "Neuro" implies we're talking about something neurological. Put the two together, neurodivergence, and it signals that we're talking about a neurological difference. Since a mental disability is better expressed as a neurological difference, why not use a phrase that implies it? Hence, we

use the term neurodivergent when referring to someone who is mentally disabled.

Another reason why "neurodivergence" is more accurate is because of its all-encompassing nature. Having an all-encompassing word can be helpful, especially with people who have overlapping diagnoses underneath the neurodiversity spectrum. Many mental disabilities can have mental disorders as symptoms. For example, many people who have an ASD diagnosis often get an ADHD diagnosis due to how similar the symptoms of the two are (Children and Adults with Attention-Deficit/Hyperactivity Disorder, 2018). However, research has also found that the reverse to not be as true, with a much lower percentage of people with ADHD getting an ASD diagnosis (Children and Adults with Attention-Deficit/Hyperactivity Disorder, 2018). Another example would be OCD-like symptoms being prevalent with autistic individuals.

However, mental symptoms are not the only thing neurodivergencies can have in common. A research study done by a huge collaboration of psychiatric professionals found that there was a link between physical symptoms, most notably chronic pain and joint hypermobility. Their study was conducted using a group of over 100 people with diagnosed neurodivergence (namely ADHD, ASD, and Tourette) and a comparison group, both of which were compared to the overall population of the UK (Csecs et al., 2022, p. 3). Their results showed that "Generalized joint hypermobility [GJH] was 4.51 (95% CI 2.17–9.37) times higher if individuals were autistic, 4.34 (95% CI 2.67–7.03) times higher if individuals had an ADHD diagnosis and 7.02 (95% CI 3.06–16.1) times higher if individuals had a diagnosis of TS, compared to the general population

sample" (Csecs et al., 2022, p. 6).Using their data, they were able to conclude that "Neurodivergent individuals were significantly more likely to have GJH, and to experience orthostatic intolerance and musculoskeletal symptoms," and "the relationship between neurodivergence and co-occurring physical symptoms was mediated by hypermobility, providing a potential mechanistic link between neurodivergence and physical symptoms" (Csecs et al., 2022, p. 8).

Therefore, across multiple diagnoses, people were able to find a common physical symptom. They even hypothesized that there could be a link between neurodivergent and showing physical symptoms. This helps further show the immense overlap between currently existing neurodivergent diagnoses. Shared mental and physical symptoms within the different diagnoses helps show why a term like "neurodivergent" is possible. When someone is experiencing multiple mental disabilities and/or disorders at once, it would be much easier to refer to that as neurodivergence rather than listing off all of their diagnoses.

Much like how a person who is both gender and sexually queer could just refer to themselves as queer, people would still know what they are talking about and people within the queer community would be understanding. Replace queer with the word neurodivergent and it's almost the same story. A person with both an ASD and ADHD diagnosis could just refer to themselves as neurodivergent and people could still understand what they are saying. Having a term like neurodivergent opens up more possibilities in the way people can refer to themselves and their potential multiple diagnoses.

Neurodivergence & Safety

Using the term neurodivergence is not only more accurate, but it can help set boundaries. Talking about someone's specific disability diagnosis can be traumatizing for some people, and even more if it's a recent discovery. Once they find out their diagnosis, they have to play the game of who they can and can't tell, how much they tell, and how they express their needs. In grade school, this becomes less of an issue as most parents and teachers are advocates for getting their children's needs met.

However, higher education is a bigger issue. In colleges and universities, it's the students' responsibility to advocate for themselves and get the supports they need. University Professor Aimee Morrison discussed this issue best in her paper. In her article, "(Un)Reasonable, (Un)Necessary, and (In)Appropriate: Biographic Mediation of Neurodivergence in Academic Accommodations," Morrison discussed the issues she has faced since getting both an ASD and ADHD diagnosis. She discusses the idea that universities and colleges are inherently ableist in their ideology of only the best surviving and graduating (Morrison, 2019, p. 698). She further explains a correlation between getting a disability diagnosis and ableist practices, saying, "Diagnosis literally rewrites disabled life stories in ways perhaps deliberately incomprehensible to the subject it purportedly describes because the diagnosis is not communicating to the disabled person, often, but to non-disabled others in gatekeeping roles: teachers, insurance companies, human resources departments, etc." (Morrison, 2019, p. 701).

Morrison is able to connect the two, saying that the process for getting disability accommodations at a university can be an invasion of privacy. She states, "There seems to be no rhyme or reason to the types of disclosure requirements … What each category does have in common, though, is a set of paperwork requirements that are numerous, lengthy, and deeply invasive." (Morrison, 2019, p. 703) However, this could be fixed if more people used and respected the term "neurodivergent."

Personally, I've been using the term "neurodivergent" instead of my actual diagnosis' name as a form of privacy. With the term becoming more prevalent in talks surrounding disabilities, more people are becoming aware of what the term means and when/how to use it. I've been using the term as a way to both tell someone what I am without giving away all my information. Using neurodivergent as a baseline blanket term like this has both made me more comfortable in sharing information as well as more accepting of my diagnosis, despite not even sharing what my specific diagnosis is.

If universities started to incorporate the term "neurodivergent" into their discussions about disability accommodations, there would be more outreach from neurodivergent people to receive the accommodations they need. They wouldn't have to go into as much detail into what their diagnosis is, how they got it, what their symptoms are, etc. Instead, I propose that all universities ask, "Are you neurodivergent?" and "What accommodations do you need?" This kind of language can alleviate the invasiveness of disclosing a diagnosis and symptoms and can let people still get the help that they need to succeed in higher education.

What People Get Wrong

With all linguistic change comes those that oppose the change. People who

disagree with the term "neurodivergent" feel that an all-encompassing term for mental disabilities diminishes the struggles that people with specific diagnoses have gone through. They believe that when you no longer refer to someone by their diagnosis, you are grouping their struggles with those that don't have their specific diagnosis. This viewpoint is not new, as the change to make the autism diagnosis called ASD had a similar backlash. People thought it was unfair that people with "high functioning" autism like Asperger's don't have the same struggles as someone with "low functioning" autism.

What people behind this idea don't realize is how damaging phrases like high and low function are to autistic people. The reason behind ASD becoming what it is was because the diagnoses that were there would prohibit certain people from getting the accommodations they needed. Having ASD as a diagnosis makes sure that no matter where someone is on the spectrum, they have just as much access to accommodations as another person on the spectrum. The term neurodivergent aims to achieve the same result as ASD. Instead of gatekeeping which diagnoses get what accommodations, everyone with a mental disability diagnosis and those without one can have access to whatever accommodations they need.

Neurodivergent & Research

Having a term like neurodivergent opens up discussions about the complexity of mental disabilities. In fact, a recent article demonstrates this. In the article, "Neurodivergent intersubjectivity: Distinctive features of how autistic people create shared understanding," Brett Heasman and Alex Gillespie conducted research on how autistic people build and use understanding in conversations between autistic people. They open their research by stating:

> ethnographic research focuses heavily on autistic-to-neurotypical interactions which take place against the cultural backdrop of neurotypical norms and expectations. Thus a methodological and empirical gap exists in understanding how autistic people relate to one another socially outside of conventionalised norms, which is important given reports from autistic people on how it is easier to relate to other autistic individuals precisely because of an absence of social protocol. (Heasman & Gillespie, 2019, p. 910)

They saw a discrepancy in autism research and decided to take it upon themselves to do the research they thought was needed. Using collaborative video games, the authors recorded the conversations that took place between autistic adults, both those with a diagnosis and those without one or were waiting for one, while playing a collaborative game. Their research found that autistic-to-autistic communication revolved around an extreme emphasis on shared prior knowledge. They mentioned how the subjects of the research would tend to communicate using their prior knowledge to explain what they saw in the video game. Depending on their partner's prior knowledge, this either led to quick understanding or more confusion.

What's important in this article was not the results of their research, but what the implications they gave at the end. The authors finished their work with a detailed section of what they believed was done wrong and how someone could change it in the future. They discussed the potential of repeating the experiment and also documenting all non-verbal communication

that occurred. They also mentioned how they:

> conducted inter-rater reliability with an autistic rater. The authors recommend that future studies of autistic social interaction use autistic inter-rater reliability as a means of questioning neurotypical assumptions that may be embedded within the research. Our sample is not representative of the diversity of people on the spectrum, given its gender bias, age range and focus on verbal competence, thus the findings are not indicative of all examples of neurodivergence. Future studies should examine neurodivergent intersubjectivity within different activities and cultures, given the extent to which interactions are shaped by context. (Heasman & Gillespie, 2019, p. 919)

Both authors mentioned not only that further research should include other forms of neurodiversity, but should also consider having neurodiversity experts explain the data found in terms of neurodiversity. They admitted their errors and provided ways in which research could be corrected. It was very exciting to see someone admit their lack of neurodiversity knowledge can lead to a lack of understanding neurodivergent people. Neurotypical people tend to have this idea that what they do is correct and those who did it differently are wrong. The authors of this article instead both introduced and explained their findings as a difference in ability rather than a lack of ability. If everyone used neurodivergence

more, we open the possibility of more inclusive research where we can look at multiple diagnoses at once.

Conclusion

I'm advocating that the term "neurodivergent" should be used over the phrase "mental disability" because it is a more accurate, much safer, and easily accessible term to use. There are many reasons why the language surrounding mental disabilities should be changed. The stigma of the word "disability" alone can be damaging enough to a disabled person. Furthermore, the phrase "mental disability" doesn't accurately describe what they are and instead implies an inability to mentally function. Both of these factors combined has led to openly mentally disabled people fear for their safety as their diagnosis can be used against them once it's public knowledge.

Luckily, the already used term "neurodivergent" helps remedy these problems with mental disability language. The term has yet to be associated with negative stigma due to it being a word created by disabled people and disability activists. The phrasing of the word implies more of a difference in brain function, which more accurately describes what a mental disability is. Finally, using the term can help set more protected boundaries than giving out specifics would. Neurodivergent may not be the best term to use as a better term might come one day. However, the term is less stigmatized, more accurate, and safer to use than what we currently have. This small change can have a massively positive impact on the lives of many.

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